



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJD002190627

INSTALLATION ADDRESS

DUPONT E I DE NEHOURS & CO.
256 VANDERPOOL ST
NEWARK

NJ 07114

256 VANDERPOOL ST
NEWARK

NJ 07114

11/25/80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NJ0002190627

I. NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

DU PONT DE NEMOURS & CO.
256 VANDERPOOL ST
NEWARK, NJ 07114

III. LOCATION OF INSTALLATION

256 VANDERPOOL ST
NEWARK, NJ 07114

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NJ000219062731

800818

I. NAME OF INSTALLATION

E. I. DUPONT DE NEMOURS & CO.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 ROBERT F. WHITE

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 ROBERT F. WHITE 201-243-2141

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 0 2	K 0 0 3	K 0 0 4			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 2 4					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 1. IGNITABLE
(D001) | <input type="checkbox"/> 2. CORROSIVE
(D002) | <input type="checkbox"/> 3. REACTIVE
(D003) | <input checked="" type="checkbox"/> 4. TOXIC
(D000) |
|--|---|--|--|

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE  8/18/80	NAME & OFFICIAL TITLE (type or print) B.M. RAVENNA, ASSISTANT PLANT MANAGER	DATE SIGNED 8/13/80
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ap

COMPANY NAME: *Heubach, Inc.*

HWC REVIEW DATE: *4/10/90*

FACILITY LOCATION: *256 Vanderpool St.
Newark*

COUNTY: *Essex*

STATE: *NJ*

REVIEWER'S NAME: *R. Krauser*

ID NO. *NJD002190627*

PA REPORT DATE: *9/13/89*

COMPANY MANUFACTURING OPERATION DESCRIPTION AND DURATION OF OPERATION:

Pigment manufacturing facility (organic and inorganic)

1971 - present

HAZARDOUS WASTE GENERATED: *Pb/Chromate sludge is pretreated and recovered; wastewater disposed in sewer in agreement with pretreatment program of POTW under NJPDES permit.*

REGULATORY STATUS: *filed as TSD, but in 6/87 classified as a Industrial Waste Management; however 121-55 gal drums on site in 1987 (ex interim TSD)*

REGULATED UNITS ON SITE:

① drum storage area - stored and shipped for recovery (Pb, Cr, Hg, Zn, P - chromate, waste solvents).

② Landfill

③ Spillage spill

④ Oil spill

SOLID WASTE MANAGEMENT UNITS ON SITE (pre-Nov. 19, 1980):

NATURE OF ANY RELEASES:

RELEASE INFORMATION-BY SOLID WASTE MANAGEMENT UNIT/REGULATED UNIT:

See below

ENVIRONMENTAL SETTING AND IMPACTS:

° RESIDENTIAL

° INDUSTRIAL ✓

° GROUNDWATER USE (drinking water supply, sole source aquifer, etc.)

used for commercial and industrial purposes. Reptd to groundwater - 50 ft.

° SURFACEWATER

no surface water ~~and~~ flow except storm sewers to Reddie Ditch to Newark Bay.

° SOIL AND AIR

Landfill contamination possible; site within 100 year flood plain.

INVOLVEMENT OF OTHER REGULATORY AGENCIES/PROGRAMS:

NJPDES

COMMENTS:

Two reported old landfills on site which may contain pigments. Two small spills (5 gal of oil) and 100 lbs of "iron-topric" pigment. Oil cleaned up and some of pigment may have entered Reddie Ditch. CO issued Oct 3, 1988 (\$5000). Pigment is Diachrodone.

RECOMMENDATION FOR FURTHER ACTION, INCLUDING PRIORITY:

Landfills and violation history calls for soil sampling, especially at site of old landfill. Moderate priority.

*if
ISO
higher
priority*

Inspection Report

On April 22, 1992, a member of the Hazardous Waste Compliance Branch (B George) conducted an inspection at Cookson Pigments (Cookson) located in Newark, New Jersey. The facility was represented by Patricia Zollinger, Environmental and Safety Engineer. The purpose of the inspection was based on the division's lead waste targeting initiative. This facility ranked high on a list of potential inspection candidates based on data from the Toxic Release Inventory System (TRIS) for 1988 and 1989.

The original owner/operator, E.I. Dupont De Nemours, sold the facility to Heubach in February of 1984. Heubach, in turn sold the facility to Cookson Pigments in July of 1989. Throughout these ownership changes the basic manufacturing processes have remained the same. The facility is involved in manufacturing organic and inorganic pigments, in a variety of colors. The pigments are used throughout the paint, ink, and plastic industries.

Although the processes have remained constant the status of the facility has changed over time. The facility initially began operations as a treatment/storage facility as well as a generator. Treatment occurred in an industrial wastewater treatment unit, which was later determined, by NJDEP to be regulated under the water program, not the hazardous waste program. In addition the facility had stored hazardous waste in drums for greater than 90 days. During the time Heubach operated the facility the drum storage area underwent closure and hazardous waste generated is shipped off-site within 90 days or less.

The largest hazardous waste stream generated by Cookson is from the wastewater treatment process. All liquid waste from the manufacturing process are directed to the wastewater treatment unit, which is comprised of a series of tanks. The purpose of the treatment is to remove lead-chromate pigment. As a result of the treatment a sludge is generated that is sent to a filter press for dewatering. The dried sludge is then stored and shipped in two thousand (2000) pound sling bag containers. Approximately two to three (2-3) tons (dry weight) of this waste is generated on a daily basis. The waste is identified, by knowledge as K002 and is sent to a Canadian facility, Nova Lead, for reclamation. The reclaimed lead is returned to Cookson, where it is used as an ingredient.

Another hazardous waste stream is generated from a number of baghouse dust collection units throughout the facility. These units are cleaned out once or twice per year, normally during the two week facility shutdown for cleaning the processes. Approximately one hundred to one hundred and fifty (100-150) fifty-five gallon drums are generated per year, which are identified as D007 and D008.

Cookson operates two small laboratories on site, one is for quality assurance and the other for technical marketing. The technical marketing laboratory performs testing to ensure that their product will perform according to a customers specifications. The quality assurance laboratory determines the mix of ingredients and substandard pigments to make a pigment to a customers specifications. The small samples used in both these laboratories are disposed of as F003. Approximately one (1) fifty-five (55) gallon drum is generated per month. The waste is accumulated in a central location between the two laboratories. Also, wastes are generated in this area during the shutdown period. This waste is identified as lab pack wastes under waste codes D008 and F001.

In addition to these regular hazardous waste streams, there has been other hazardous waste streams generated intermittently. The facility's production maintenance shop has generated F001 (oil and trichloromethane), as a result of working on machinery during the shutdown period. The facility also has a vehicle maintenance shop, which on occasion has generated X726. There was also waste disposed of in 1990 that contained PCBs.

During 6/12-18/91, the facility had disposed of soil contaminated with lead and cadmium (D006, D008). This material was generated as part of a remedial action required by NJDEPE, which involved the excavation of the contaminated soil. Although the material was manifested under Cookson's name, it was generated as a result of Dupont's past operations. Dupont paid the disposal costs and had a representative on-site during the remediation process.

While at the facility the appropriate documents were reviewed, including manifests, preparedness and prevention, contingency plan and training records. In addition, a plant tour was undertaken to ensure that the storage areas satisfy all the relevant requirements.

Addendum:

On May 28, 1992, HWCB staffperson (B George) returned to the facility to review the manifests to ensure the facility's compliance with the Exporting and Land Disposal requirements. Based on the review of manifests for the K002 waste stream sent to Canada, the facility is in compliance with all the applicable exporting requirements.

With regard to the LDR requirements, the review of manifests revealed that the facility was missing eleven (11) Ldr notifications associated with the following manifests:

Manifest No.	Date Shipped	Waste Code
MI2756299	03/27/92	D007/D008
AR539018	01/31/92	D001/F003/F005 & F001
AR483864	02/04/91	D001/F003/F005 & F001
AR472648	10/23/90	D001/F003/F005 & F001
AR456248	09/26/90	D001/F003/F005 & F001
MI2165384	02/22/91	D008
MI2344757	03/11/91	D008
MI2165385	02/22/91	D008
MI0997121	02/22/91	D008
AR472630	02/22/91	Lab Pack

Additionally, manifests for soil contaminated with D006/D007/D008, sent between June 12, 1991 and September 10, 1991, had no LDR notifications. Note, although this waste was manifested under Cookson's name, it was generated as a result of remediation due to the initial owner's (Dupont) past operations.

GENERATOR CHECKLIST

=====

GENERAL 7:26

7.4(a)1

Does the Generator have an EPA ID number?

 /

Does the generator generate/store >100 kg of hazardous waste (1kg acutely) or only >1001 gal of waste oil in any given month? (except x725 - 100 kg rule applies)

 /

If no, does the generator wish to delist?

If the generator wishes to delist, do a delisting inspection.

12.1(a)

Is the site ACTING as a TSDF by: (no Part A or B)

Treatment of a hazardous waste?

 /

Storage of hazardous waste in underground tanks?

 /

Hazardous wastes placed in piles or surface impoundments?

 /

Disposal of hazardous waste on site (ie landfill, injection well)?

 /

Accumulation of hazardous waste for more than 90 days?

 /

COMMENT:

9.3(a)1

Is site acting as a generator but accumulating waste (containers or approved tanks) over 90 days?

 /

COMMENT:

Revised 10/90 JM

YES NO N/A

SOLID WASTE DETERMINATION

1.6 (b) Does the Generator produce any materials which meet the definition of a "solid waste". These would include any solid, liquid, semi-solid or contained gaseous material which has served or can no longer serve its original intended use. These materials include spent material, sludges (i.e. wastewater treatment sludge or material from air pollution control equipment), by-products, discarded commercial chemical products, scrap metals and residues?

Is material:

1. Discarded or intended to be discarded
2. Accumulated, stored or physically, chemically or biologically treated prior to, or in lieu of, being discarded
3. Burned for energy recovery
4. Applied to the land or placed on land or contained in a product that is applied or placed on the land in a manner constituting disposal
5. Recycled?

1.6(d) Does the generator process any material under toll agreement pursuant to NJAC 7:26-1.4 (such material is classified as a "solid waste").

HAZARDOUS WASTE DETERMINATION

8.5(a) Did the generator determine if its "solid waste" is hazardous?

8.5(b) Is the waste listed (or a mixture)?
If no then:

8.5(b)(1) Did the generator determine the hazardous characteristics based upon testing of the waste in accordance with 8.9-8.12?

Based on characteristics, is the waste hazardous?

8.5(b)(2) Did the generator determine the hazardous characteristics based upon knowledge of materials or process?

Based on knowledge, is the waste hazardous?

- 8.5(c) If the waste is not listed or hazardous based on characteristics, has the Department requested the generator to submit a plan analyzing for the presence of hazardous waste constituents (8.16)? /
- If yes:
- Has the generator submitted the plan in a timely manner? /
- Has the generator conducted the approved plan and submitted the results? /
- Based on constituents, is the waste hazardous? /
- 8.5(d) Were test results, waste analysis, or other determinations made in accordance with this section kept three years (in operating log) from the date that the waste was last sent to an on-site or off-site TSD? /

MANIFESTS

- 7.4(a)4 Does each manifest have the following information? Please obtain a copy of the incomplete manifests. (List those manifests that are deficient on pg 9).
- 7.4(a)4i The generator's name, mailing address (& site address if different) and phone number. /
- 7.4(a)4ii The generator's EPA ID number /
- 7.4(a)4iii The transporter(s) name, phone number and NJ registration and decal #. /
- 7.4(a)4iv The transporter(s) EPA ID number /
- 7.4(a)4v The name, address and phone number of the designated TSD facility. /
- 7.4(a)4vi The TSD's EPA ID number. /
- 7.4(a)4vii The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same? Has the generator properly classified (RCRA) each waste on the manifests? Proper USDOT shipping name, hazard class, ID #, quantity, waste code? /

YES NO N/A

7.4(a)4viii	Special handling instructions and any other information required on form to be shipped by generator including chemical names, constituent percentages, physical states, and hazardous characteristics? (Did the generator describe all N.O.S. wastes in Section J?)	/		
7.4(a)4ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform manifest?	/		
7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:			
7.4(a)5i	Sign the manifest certification by hand?	/		
7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	/		
7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	/		
7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	/		
7.4(e)2	Has the generator utilized a transporter which is properly registered?	/		
7.4(e)3	Designated on the manifest an authorized TSD or reuse facility?	/		
7.4(e)4	Did the generator permit the shipment of hazardous waste to an unauthorized TSD or reuse facility?		/	
7.4(f)	Has the generator maintained facility records for three (3) years for:			
7.4(f)(1)	Manifests?	/		
7.4(f)(2)	Annual or exception reports?	/		
7.4(f)(3)	Has generator maintained records during course of unresolved enforcement action or as requested?	/		
7.4(h)1	Has the generator received signed copies (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	/		

YES NO N/A

7.4(h)1

If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?

_____/

7.4(h)2

Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?

_____/

MANIFESTS REVIEWED (☒) YES (☐) NO

Number of manifests in compliance _____

Number of manifests not in compliance _____

List manifest document numbers of those manifests not in compliance and note each deficiency:

Manifest Document Number

Discrepancy

13 drums generated
last year

WASTE OIL

*Does the generator ONLY generate X722 waste oil
in any amount? or.*

_____ / _____

Does the generator ONLY generate or store (in
above ground tanks or drums) less than 1001
gal of only waste oil (except X725 for which 100 kg
rule applies) per month?

/ _____ ~~_____~~ _____

7.7(d) If yes, are receipts (or manifests)
obtained from registered hauler and
retained for 3 yrs?
(check quantities on receipts)

/ _____ _____

Note: No other HW regs apply *. unless the
storage of the X722 waste exceeds 1,000 gal:
or unless the waste oil is also a
federal (RCRA) hazardous waste.*

Does the generator generate over 100 kg of
hazardous waste (or 1 kg if acutely hazardous)
and any listed waste oil or generate/store
>1000 gal of waste oil in any given month?

/ _____ _____

If yes, the generator must be in
compliance with:
(use appropriate checklist section)

Manifests requirements (7.4)

Labeling and Container requirements
[9.4(d), 7.2(a)&(b), 9.3(a)3, 9.6(e)]

*Documentary Requirements
[9.4(g), 9.6, 9.7]*

Satellite Regs [9.3(d)]

WASTE OIL TANKS:

Is there above ground > 1001 gal total capacity
(which includes drums) but <90 day storage?
[Use TANKS (above ground, less than 90 day storage)
section in checklist 9.3(b)]

_____ _____ /

If yes, does the generator have a letter of
approval from HWENG?

_____ _____ /

And is the generator in compliance with other
requirements for less than 90 day storage of
HW in above ground tanks [9.3(b)]?

_____ _____ /

Is there above ground > 1001 gal total capacity,
and >90 day storage?

If yes, is the generator:

12.1(a) Acting as TSDF?

9.3(a)1 Acting as a Generator?

Does the generator store waste oil in underground tanks?

If yes, refer to TANKS (underground) section
in checklist [9.2(b)].

Note: The only exceptions to the
underground tank prohibition are:

- A) *New commercial service station waste oil
tanks of <1001 gal capacity*
- B) Underground tanks in existence and in use
for HW storage prior to 1/17/83.

EP7/slw

DOCUMENT: SHOTWELL
FOLDER: SLWMCB

SHORT TERM ACCUMULATION STANDARDS FOR GENERATORS WHO ACCUMULATE WASTE IN CONTAINERS AND TANKS FOR 90 DAYS OR LESS:

CONTAINERS

If the answer to any container questions is no, describe the problem (include number of containers & waste involved).

- | | | |
|------------|---|-------------|
| 9.4(d)1i | Is hazardous wastes stored in adequate containers? Comments: | / — — |
| 9.4(d)3 | Are all containers compatible with the waste being stored in them? Comments: | / — — |
| 9.4(d)4i | Except during filling and emptying, are all containers kept securely closed so that there is no escape of Hazardous Waste or its vapors? Comments: | / — — |
| 9.4(d)4iii | Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking? Comments: | / — — |
| 9.4(d)4iv | Are containerized hazardous wastes segregated in storage by waste type? (type interpreted as DOT compatibility) Comments: | / — — |
| 9.4(d)4v | Is every container arranged so that its identification labels or markings are visible? Comments: | / — — |
| 9.4(d)5 | Is the container storage area inspected daily for leaks and deterioration? | / — — |
| 9.4(d)6 | Are containers holding ignitable and reactive wastes located at least 50 feet (15 meters) from the facility's property line? | — — / |
| 9.6(d) | Did the owner operator maintain access to communication or alarm system? | / — — |

- 9.6(e) Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment? (Policy is 18", 30" double stack)
Comments: ☒ ☐ ☐
- 7.2(a) Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?
Comments: ☒ ☐ ☐
- 9.3(a)3 Is each container clearly dated with each period of accumulation (when accumulation starts) so as to be visible for inspection?
and clearly marked with words "Hazardous Waste"?
Comments: ☒ ☐ ☐
- 7.2(b) Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)
☒ ☐ ☐

SATELLITE ACCUMULATION AREAS

Note: Satellite rules apply for "active drums" that are being currently used to accumulate hazardous waste.

- 9.3(d)1 Is the quantity of waste in each accumulation area less than 55 gallons (less than one quart if acutely hazardous)?
☒ ☐ ☐

NOTE INTERPRETATION:

A second drum can be utilized until the original drum is moved within three days. The total storage capacity for any satellite accumulation area shall not exceed 110 gallons for each waste stream.

- 9.3(d)2 In addition to container requirements, are the containers managed in the following manner:
- (a) meet the stds of 7.2 (Container Requirements)? ☒ ☐ ☐
- (b) managed in accordance with 9.4(d)2,3&4i (proper container storage) ☒ ☐ ☐

YES NO N/A

- 9.3(d)3 Is the accumulation area at or near a point of generation where wastes initially accumulate in a process?
AND, is the area under the control of the operator of the process? /
- 9.3(d)4 Are containers marked "Hazardous Waste"? /
- 9.3(d)5 Are all containers marked with the date the container(s) reached the volume specified, 55 gal. or 1 qt.
AND, /
- 9.3(d)6 after reaching the volume indicated in (d)1 above is the container moved within three days to one of the following?: /
- i. A less than 90 day accumulation storage area /
- ii. A on-site authorized facility /
- iii. A off-site authorized commercial facility /

Describe satellite accumulation areas on site:

PILES

- 9.2(b)4 Is the site acting as a generator but storing hazardous waste in piles? /

Describe HW accumulated in piles on site:

TANKS (underground)

- 9.2(b)1 Has there been installation or use of new underground HW tanks (except waste oil under 1001 gal)? /
- 9.2(b)2 Conversion of underground tanks for use for storage of HW? /
- 9.2(b)3 Use of existing HW underground tanks without proper monitoring (7:14A-6) OR not within specified lifetime of tank OR without proper management [10.5(e)6]? /

YES NO N/A

TANKS (above ground, less than 90 day storage)

9.3(b)	Does the generator accumulate hazardous waste on-site in an above ground tank? If yes:	_____	_____	____/____
	Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?	_____	_____	____/____
9.3(b)5	Is each tank(s) rendered empty (1% or less remaining) every 90 days or less? Explain how this is determined eg logs, manifests:	_____	_____	____/____
9.3(b)6	Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?	_____	_____	____/____
9.3(b)8	If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?	_____	_____	____/____
9.3(b)9	Tanks labeled/marked "Hazardous Waste"?	_____	_____	____/____
10.5(c)1	Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?	_____	_____	____/____
10.5(c)2i	Does the generator use appropriate controls and practices to prevent overfilling?	_____	_____	____/____
10.5(c)2ii	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action or by precipitation?	_____	_____	____/____
9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	_____	_____	____/____
10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	_____	_____	____/____
10.5(d)1i	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	_____	_____	____/____

YES NO N/A

10.5(d)lii	Does the containment system consist of material compatible with the wastes being stored?	_____	_____	____/____
10.5(d)liii	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	_____	_____	____/____
10.5(d)liiii	Is the tank protected from the contact with accumulated liquids?	_____	_____	____/____
10.5(d)liv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	_____	_____	____/____
10.5(d)2	Is run-on into the containment area prevented?	_____	_____	____/____
10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	_____	_____	____/____
10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	_____	_____	____/____
10.5(d)4i	If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?	_____	_____	____/____

PERSONNEL TRAINING

9.4(g)3	Is the training program designed to ensure that facility personnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency system including 9.4(g)3 through 9.4(g)3vii?	____/____	_____	_____
9.4(g)4	Have facility personnel involved with hazardous waste management successfully completed a program of classroom instruction or on-the-job training within six months of the date of their employment or assignment to the facility or to a new position at the facility?	____/____	_____	_____

- 9.4(g)5 Has facility personnel taken part in an annual review of initial training? /
- 9.4(g)2 Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed? /
- Is there written documentation of the following:
- 9.4(g)6i Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job? /
- 9.4(g)6ii A written job description for each position related to hazardous waste management? /
- 9.4(g)6iii A written description of the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management? /
- 9.4(g)6iv Documentation of actual training or experience received by personnel? /
- 9.4(g)7 Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment? /

PREPAREDNESS AND PREVENTION

- Does the facility comply with preparedness and prevention requirements including maintaining:
- 9.6(b)1 An internal communications or alarm system? /
- 9.6(b)2 A telephone or other device to summon emergency assistance from local authorities? /
- 9.6(b)3 Portable fire equipment, spill control equipment, and decontamination equipment? /

YES NO N/A

9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?	<u>/</u>	<u> </u>	<u> </u>
9.6(c)	Are all the above emergency equipment tested and maintained?	<u>/</u>	<u> </u>	<u> </u>
9.6(f)	Has the facility made the following arrangements (documented), as appropriate for the type waste handled on site:			
9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled and associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.	<u>/</u>	<u> </u>	<u> </u>
9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police and fire department, and agreements with others to provide support to the primary emergency authority?			<u>/</u>
9.6(f)3	Agreements with emergency response contractors, and equipment supplier?	<u>/</u>	<u> </u>	<u> </u>
9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illness which could result from fires, explosions, or discharges at the facility?	<u>/</u>	<u> </u>	<u> </u>
9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	<u>/</u>	<u> </u>	<u> </u>
9.6(f)6	If authorities identified in (f) 1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.			<u>/</u>
9.4(g)8	Are the semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	<u>/</u>	<u> </u>	<u> </u>

9.4(g)8i

If no, did the owner or operator petition the Department for an exemption from the semi-annual drill requirements?

YES NO N/A

9.4(g)8ii

Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi-annual drill requirements?

If yes, did the owner operator provide those specific local officials with written approval of the exemption?

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

9.7(d)

Did the owner or operator prepare a a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.?

NOTE: DPCC >400,000 gal storage of hazardous substances

SPCC: Storage of any kind of oil and most oil products including gasoline and fuel oils

If >660 gal single tank

>1320 gal multiple tanks

>42000 gal underground storage

YES NO N/A

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?

9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems [internal and external] and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?

9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary route could be blocked by releases of hazardous waste or fires?)

9.7(i)

Is the copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility

2. Has the contingency plan been submitted to local authorities (police, fire departments, emergency response teams?)

YES NO N/A

9.7(k) Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures?

/

9.2(a)2 Is hazardous waste handled in a manner which causes (or may or has caused) a discharge of a hazardous waste onto the land, waters or air of the State?

 /

58:10-23.11(c) Is there a discharge of a hazardous substance (under Spill Act)?

 /

58:10-23.11(e) Was it reported to the Department?

 /

SUMMARY OF VIOLATIONS:

When making a referral, list each citation and the basis for issuing the violation (add additional pages as needed):

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name:

Cookson Pigments, Inc.

Facility Address:

256 Vanderpool Street

Newark, New Jersey 07114

Facility ID No.:

NJD002190627

Inspector's Name:

Bart George

Inspector's Phone: (212) 264-9587 Division/Branch: 2AWM-HWC

Date of Inspection:

4/22/92

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs?

☒ YES ☐ NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State?

☐ YES ☒ NO*

3. What kind of petroleum product or hazardous substance does UST contain? gasoline

4. Is there any evidence of UST leakage/spillage?

☒ YES* ☐ NO

5. When was the UST installed?

gas in 84; 1-90 part of treatment system
is 18 yrs old

6. All USTs must have leak detection according to the following schedule:

Installation Date

Leak Detection By December of--

Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it?

☒ YES ☐ NO

8. Are required records available on-site (e.g., documenting registration and leak detection)?

☒ YES ☐ NO

gas tank they are planning to remove this coming summer

REFER to program office if you check an answer marked with *.

AIR **Stationary Source Compliance**

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? YES* NO

["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

B. What is the cause of the smoke emission? E.g.--

i. Is any air pollution control equipment out of service or turned off while production is ongoing? YES NO

ii. If YES: When will it be back on line? _____

iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? YES NO

C. Note color of smoke: _____

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? YES NO

Added new process line; solvent based organic pigment (company refers to this as high performance pigment)
B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? YES NO*

4. A. Does the facility have any coating or printing operations? YES NO

Only a small spray booth that is connected with the Technical Marketing (QA) lab. No process lines are used
B. If YES: _____

ii. Are the coatings or inks used: water-based or solvent-based?

i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? YES NO*
No process lines

iii. What are the principal solvents or chemical compounds used in process lines? _____
(Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with *.

- ✱ ✱ ✱ ✱ ✱

Ask:

1. Are any radioactive materials used or stored at this facility? YES NO
2. If YES, does the facility have a state or federal radiation license? YES NO*

REFER to program office if you check an answer marked with *.

WATER**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)**

1. **Observe/Ask:** Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ☒ YES ☐ NO
2. **If yes:** Does the facility discharge wastewater into a--
- receiving stream? ☐ YES ☒ NO
 - municipal sewer (sanitary or storm) system? ☒ YES ☐ NO
 - subsurface disposal system (septic system, drywell or cesspool)? ☐ YES ☒ NO

As applicable, ascertain the name of the stream or sewer system.

3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ☒ YES ☐ NO*
4. Does the facility treat wastewater prior to discharge? ☒ YES ☐ NO
5. **Observe:** *Effluent to sewer not observed* This is the color of the liquid entering the wastewater treatment unit orange/yellow color
- a. Is the effluent from the wastewater treatment facilities clear and free of solids? ☐ YES ☐ NO*
 - b. Is equipment clean and well maintained? ☒ YES ☐ NO*
 - c. Are there any unusual odors? ☐ YES* ☒ NO
6. **Ask:** Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ☒ YES ☐ NO*

REFER to program office if you check an answer marked with *.

MPDES and UIC, Continued

7. Observe/Ask:

- a. How are waste fluids disposed of? *After treatment water is discharged to sewer system*
- b. Does the facility have floor or storm drains? YES NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

- c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains?

YES* NO

Floor drains connected to treatment facility on site

PUBLIC WATER SUPPLY

1. Observe/Ask: Does the facility have its own water supply (i.e., a well)? YES NO
2. If YES: Does the facility provide potable water for 25 or more persons? YES NO
3. If YES: Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? YES NO*

REFER to program office if you check an answer marked with *.

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)**EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW****ASK:**

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? YES ~~NO~~

[Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]

B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? YES ~~NO*~~
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? YES* ~~NO~~

Summer of 91 a release of methylaldehyde, due to a gasket failure on a tank
 [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]

B. If YES: Was notification of the release provided? YES ~~NO*~~

C. If YES:

 - i. To whom was the notification given? *Elkey Banner Brown EPA. involved & did a follow-up inspection*
 - ii. Was notification oral or written? *Both*
 - iii. If oral, was a written, follow-up report submitted? YES ~~NO*~~

[If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? YES ~~NO*~~
- B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? YES ~~NO*~~

REFER to program office if you check an answer marked with *.

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)**Ask:**

1. Does the facility have 10 or more full-time employees? ☒ YES ☐ NO

2. Is the facility classified under SIC codes 20 through 39? ☒ YES ☐ NO

*2816 + 2865 organic
by inorganic.*

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☒ YES ☐ NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☒ YES ☐ NO*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

908-906-6890

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? *all PCB contaminated oil removed* YES* NO
- B. IF YES:
- i. How many oil filled electrical transformers does the facility have? *2 substations w/ 5 transformers on site*
- ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)? *see note above for I.A.*
2. A. Does the facility have any high temperature hydraulic systems? YES NO
- B. If YES:
- i. Have PCBs ever been used in these systems? YES* NO
- ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? YES NO
- B. If YES: *new system 12/90, never had any PCB's uses paratherm*
- i. Have PCBs ever been used in these systems? YES* NO
- ii. What is the current PCB concentration in these systems?
4. A. OBS. PCB Items (transformers, capacitors, containers) *see note for I.A. above*
- Are any leaking? YES* NO
- Do all have a PCB label? YES NO*
5. A. ASK: Does the facility have a PCB storage for disposal area? YES* NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
- PCBs stored for disposal in it? YES* NO
- a roof and walls to keep out rain? YES NO*
- a 6" high impervious containment berm? YES NO*
- a PCB label? YES NO*
- Is it in the 100-year flood plain? YES* NO
- Do all items show the date "removed from service for disposal"? YES NO*

REFER to program office if you check an answer marked with *.

TSCA, Continued

6. ASK: Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]? YES* NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

* * * * *

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

Ask:

1. A. Does the facility store oil? YES NO
- [Note that oil is not limited to petroleum products; for example, vegetable oil is covered.]
- B. If YES, does the storage capacity exceed --
- i. 660 gallons in any one above-ground tank? YES NO
- ii. 1320 gallons in all above-ground tanks? YES NO
- iii. 42,000 gallons in underground tank(s)? YES NO
2. If the answer to part of #1. B. was YES, does the facility have a Spill Prevention, Control, and Countermeasure (SPCC) Plan? YES NO*
3. Did the facility have an oil spill within the last 12 months? YES* NO

REFER to program office if you check an answer marked with *.

WETLANDS**1. Observe:**

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? YES NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? YES NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? YES NO

3. If YES:

- A. When was the work undertaken? _____
- B. Does the facility have any permits for this work? YES NO*

4. If YES:

- A. What agency(s) issued such permits? _____
(E.g., U.S. Army Corps of Engineers; State environmental agency.)
- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

REFER to program office if you check an answer marked with *.

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

I. General Information

Facility: Cookson Pigments Inc (formerly Heubach)
 U.S. EPA ID No.: NJD002190627
 Street: 256 Vanderpool Street
 City: Newark State: NJ Zip: 07114
 Telephone: (201) 596-6242

Inspection Date: 4/22/92 Time: 9:00 (am/pm)

Weather Conditions: partly cloudy

	<u>Name</u>	<u>Agency/Title</u>	<u>Telephone</u>
Inspectors:	<u>Burt George</u>	<u>EPA-RAWM HWC</u>	<u>Env. Eng. (212) 264-8587</u>

Facility Representatives:	<u>Patricia Zollinger</u>	<u>Env. Safety Eng.</u>
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See Appendix B to determine which of the following LDR waste categories the facility manages:

	<u>Generate</u>	<u>Transport</u>	<u>Treat</u>	<u>Store</u>	<u>Dispose</u>
F001-F005 Solvents	<u>/</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
F020-F023 and F026-F028	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
California List*	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
First Third [40 CFR 268.10]	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Second Third [40 CFR 268.11]	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Third Third [40 CFR 268.12]	<u>/</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

* See Appendix A

INSPECTION SUMMARY

Processes That Generate LDR Wastes:

LDR Waste Management:

Summary:

Signature:

RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

II. WASTE IDENTIFICATION

A. List waste codes which the facility handles in each of the following LDR categories*:

1. F001 through F005 spent solvents:
F001, F003, F005
2. F020-F023 and F026-F028 dioxin-containing wastes:

3. California List Wastes (See Appendix A):

4. First Third Wastes [40 CFR 268.10]:

5. Second Third Wastes [40 CFR 268.11]:

6. Third Third Wastes [40 CFR 268.12]**:
K002, D007, D008, D006, D001

*See Appendix B.

** Note: Effective 09/25/90, large quantity generators and TSDs are required to use the toxicity characteristic leaching procedure (TCLP) instead of the extraction procedure (EP) for determining the toxicity characteristic (TC). Small quantity generators must comply with this new requirement by 03/29/91. Wastes which exhibit TC, but do not exhibit EP, will be considered "newly identified" wastes. They will be regulated under 40 CFR Part 268 only after they are evaluated by U.S. EPA, even if they are characteristic for a constituent previously covered under the EP toxicity characteristic [55 FR 22531].

B. Waste Code Determination

1. Have all wastes been correctly identified for purposes of compliance with 40 CFR Part 268?*

Yes ☒ No ☐

If no, list below:

Assigned Classification

Correct Classification

_____	_____
_____	_____
_____	_____
_____	_____

* Areas of concern include: California List/waste categories with more stringent treatment standards; listed/characteristic; multi-source/single-source leachate; P and U waste codes/F and K wastes; and waste code carry through principle.

Comments: _____



2. Have both the listed and characteristic waste code been assigned, where a listed waste exhibits a characteristic? [40 CFR 268.9(a)]

Yes ☒ No ☐ NA ☐

Comments For F001, F003, F005

3. Has multi-source leachate been assigned the F039 waste code? [40 CFR 261.31]

Yes ☐ No ☐ NA ☒

*Leachate derived exclusively from F020-F023 and/or F026-F028 dioxin wastes retains the individual waste codes.

If yes, was single-source leachate combined to form multi-source leachate? [55 FR 22623]

Yes ☐ No ☐

Comments _____

- C. Does the facility handle the following wastes (national capacity variances)?

1. F001-F005 contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (expires - 11/08/90). [40 CFR 268.30(c)]

Yes ☐ No ☒ List _____

2. Dioxin contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (expires - 11/08/90). [40 CFR 268.31(b)]

Yes ☐ No ☒ List _____

3. California list contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (expires - 11/08/90). [40 CFR 268.32(d)(2)]

Yes ☐ No ☒ List _____

4. K048-K052 petroleum wastes (nonwastewaters; expires - 11/08/90). [40 CFR 268.35(b)]

Yes ☐ No ☒ List _____

5. Soil and debris contaminated with wastes that had treatment standards based on incineration set in the Second Third rule - F010, F024, K009, K010, K011, K013, K014, K023, K027, K028, K029, K038, K039, K040, K043, K093, K094, K095, K096, K113, K114, K115, K116, P039, P040, P041, P043, P044, P062, P071, P085, P089, P094, P097, P109, P111, U028, U058, U069, U087, U088, U102, U107, U190, U221, U223, U235 (expires - 06/08/91). [40 CFR 268.34(d)]

Yes ☐ No ☒ List _____

6. Soil and debris contaminated with wastes that had treatment standards set in the Third Third rule based on incineration, mercury retorting, or vitrification. See Appendix A; (expires - 05/08/92). [40 CFR 268.35(e)]
 Yes ☐ No ☒ List _____
7. The following nonwastewaters - P039, K031, K084, K101, K102, K106, P010, P011, P012, P036, P038, P065, P087, P092, U136, U151. (expires -05/08/92). [40 CFR 268.35(c)]
 Yes ☐ No ☒ List _____
8. The following wastes identified as hazardous based on a characteristic alone: D004 (nonwastewaters), D008 (lead materials stored before secondary smelting), D009 (nonwastewaters) (expires - 05/08/92). [40 CFR 268.35(c)]
 Yes ☐ No ☒ List _____
9. Inorganic solid debris as defined in 40 CFR 268.2(g)*; includes chromium refractory bricks carrying EPA Hazardous Waste Nos. K048-K052 (expires - 05/08/92). [40 CFR 268.35(c)]
 Yes ☐ No ☒ List _____
10. RCRA hazardous wastes that contain naturally occurring radioactive materials (expires - 05/08/92). [40 CFR 268.35(c)]
 Yes ☐ No ☒ List _____
11. Wastes listed in 40 CFR 268.10, 268.11, and 268.12 that are mixed radioactive/hazardous wastes (expires - 05/08/92)*. [40 CFR 268.35(d)]
 Yes ☐ No ☒ List _____

*Note: Incorrect reference [40 CFR 268.2(a)(7)] in Third Third rule.

*Note: 40 CFR 268.10 and 268.11 wastes incorrectly omitted from this variance in the Third Third rule.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

III. GENERATOR REQUIREMENTS

A. Treatability Group/Treatment Standard Identification*

*Note: This information is generally available on LDR notifications. If not, waste profile data and other documentation should be checked.

1. F001-F005 Spent Solvent Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard for each F-solvent?

Yes ☒ No ☐ NA ☐

If available, list each waste code and check the correct treatability group.

Waste Code	Wastewater*	Nonwastewater
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Less than 1% by weight total organic carbon (TOC), or less than 1% by weight total F001-F005 solvent constituents listed in 40 CFR 268.41, Table CCWE. [40 CFR 268.2(f)(1)]

Comments _____

2. F020-F023 and F026-F028 Dioxin Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard for each dioxin waste?

Yes ☐ No ☐ NA ☒

If yes, list each waste code and check the correct treatability group.

Waste Code	Wastewater*	Nonwastewater
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments _____

*Less than 1% TOC by weight and less than 1% total suspended solids (TSS) by weight. [40 CFR 268.2(f)]

3. First, Second, and Third Third Wastes:

- a. Does the generator correctly determine the appropriate treatability group/treatment standard for each waste?

Yes ☒ No ☐ NA ☐

If available, list each waste code and check the correct treatability group:

Waste Code Subcategory Wastewater* Nonwastewater

* Less than 1% TDC by weight and less than 1% total suspended solids (TSS) with the following exceptions: K011, K013, and K014 wastewaters - less than 5% by weight TDC and less than 1% by weight TSS; K103 and K104 wastewaters - less than 4% by weight TDC and less than 1% by weight TSS. [40 CFR 268.2(f)(2) and (3)]

Comments _____

- b. Do the assigned treatment standards for listed wastes cover constituents that may cause the waste to exhibit any characteristics? [40 CFR 268.9 (b)]

Yes ☒ No _____ NA _____

- c. Does the generator specify alternative treatment standards for lab packs?*

Yes _____ No ☒ NA _____

*Use of the alternative treatment standards is not required. [55 FR 22629]

If yes, do lab packs only contain the following wastes? [40 CFR 268.42(c)(2)]

____ Organometallics: 40 Part 268, Appendix IV constituents
____ Organics: 40 CFR Part 268, Appendix V constituents

*Unregulated wastes and hazardous wastes which meet treatment standards may be commingled in the appropriate Appendix IV and V lab pack. [55 FR 22629]

- d. Does the generator specify alternative treatment standards for F039 multi-source leachate?*

Yes _____ No _____ NA ☒

*Use of the alternative treatment standards is required. [55 FR 22619]

4. California List Wastes: Has the generator correctly identified the treatability group and treatment standard/prohibition level for the following wastes? [55 FR 22675]

- a. Liquid hazardous wastes containing PCBs ≥ 50 ppm

Yes _____ No _____ NA ☒

If yes, check the appropriate treatability group:

____ 50 to 500 ppm PCBs
____ ≥ 500 ppm PCBs

- b. Listed or characteristic wastes containing $\geq 1,000$ mg/l (liquids) or mg/kg (non-liquids) HOCs, which are not listed or characterized by the HOC content

Yes ___ No ___ NA ☒

If yes, check the appropriate treatability group:

- ☐ Dilute HOC wastewater (1,000 mg/l to 10,000 mg/l HOCs)
☐ All other HOCs greater than or equal to the prohibition level of 1,000 mg/l (liquids) or mg/kg (non-liquids)

- c. Liquid hazardous wastes that exhibit a characteristic and also contain ≥ 134 mg/l nickel and/or ≥ 130 mg/l thallium

Yes ___ No ___ NA ☒

5. National Capacity Variance Wastes: Have all applicable California List prohibitions been identified for wastes covered under national capacity variances? (See Appendix A.)

Yes ___ No ___ NA ☒

If a wastestream contains a mixture of wastes, and a variance only applies to some of the waste codes, has the generator identified all applicable treatment standards and California List prohibitions? (See Appendix A.)

Yes ___ No ___ NA ☒

If California List prohibitions apply to wastestreams managed by the generator, complete the following table for each waste code, noting the date on which relevant national capacity variances expire.

Waste Code	Cal List Applicability	Expiration Date
___	___	___/___/___
___	___	___/___/___
___	___	___/___/___

Comments _____

6. Treatment standards expressed as required technologies: Has the generator specified an alternative method to that required in 40 CFR 268.42?

Yes ___ No ☒ NA ___

If yes, list the waste code, the technology specified in 40 CFR 268.42, the alternative method, and documentation of approval. [40 CFR 268.42(b)]

Waste Code	Required Technology	Alternative Method	Approval
___	___	___	___
___	___	___	___
___	___	___	___

Comments _____

7. Does the generator mix restricted wastes with different treatment standards for a constituent of concern?

Yes ___ No ✓

If yes, did the generator select the most stringent treatment standards?
[40 CFR 268.41(b) and 268.43(b)]

Yes ___ No ___

Comments _____

B. Waste Analysis

1. Does the generator determine whether restricted wastes exceed treatment standards/prohibition levels at the point of generation?* [268.7(a)]

Yes ___ No ✓

*Note: This determination may be made at the point of disposal if the waste only has a prohibition level in effect.

If no, does the generator ship all restricted wastes as not meeting treatment standards?

Yes ✓ No ___

Comments _____

2. Which of the following analytical methods does the generator employ?*

*Note: A "No" answer to applicable questions b. through d. does not necessarily constitute a violation. However, knowledge of waste is rarely adequate if a generator certifies that treatment standard criteria have been met.

- a. Knowledge of waste:

Yes ✓ No ___

If yes, list the wastes for which applied knowledge was used and describe the basis of determination. Attach documentation. [40 CFR 268.7(a)(5)]

K002, F001, F003, D007, D008, (D006)
F005, D001

- b. TCLP*: Are wastes with treatment standards specified in 40 CFR 268.41 analyzed using TCLP?** (BDAT*** = stabilization/immobilization technology)

Yes ___ No ✓ NA ___

*TCLP = Toxicity Characteristic Leaching Procedure [40 CFR Part 268, Appendix 1, EPA Test Method 1311]

**See Appendix C for exceptions.

***BDAT = best demonstrated available technology. See Appendix A.

If yes, list the wastes for which TCLP was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 268.7(a)(5)]

- c. Total constituent analysis: Are wastes with treatment standards specified in 268.43 analyzed using total constituent analysis? (BDAT = destruction/removal technology)

Yes ☐ No ☐ NA ☒

*See Appendix C for exceptions.

If yes, list the wastes for which total constituent analysis was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 268.7(a)(5)]

- d. PFLT*: Was PFLT used to determine if California List constituents were contained in liquid hazardous waste?

Yes ☐ No ☐ NA ☒

*PFLT = Paint Filter Liquids Test (Test Method 9095, EPA Publication No. 84-46)

If yes, list the wastes for which PFLT was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results. [40 CFR 268.7(a)(5)]

3. Does the generator treat restricted wastes in 90-day tanks or containers regulated under 40 CFR 262.34 (permissible in some states)?

Yes ☐ No ☒ (If No, go to 4.)

Does the generator treat the wastes to meet appropriate treatment standards/prohibition levels?

Yes ☐ No ☐

If yes, has the generator prepared a waste analysis plan detailing the frequency of testing to be conducted? 40 CFR 268.7(a)(4)]

Yes ☐ No ☐ (If No, go to 4.)

Does the plan fulfill the following? [40 CFR 268.7(a)(4)(i)]

- ☐ Based on a detailed chemical and physical analysis of a representative sample
☐ Contains information necessary to treat the wastes in accordance with 40 CFR Part 268 requirements

Has the plan been filed with the Regional Administrator (return receipt, Federal Express slip, etc. required for verification)? [40 CFR 268.7(a)(4)(ii)]

Yes ☐ No ☐

Comments _____

4. Dilution Prohibition [40 CFR 268.3]:

- a. Does the generator mix prohibited* wastes with different treatment standards?

*See Appendix E for distinction between restricted and prohibited wastes.

Yes ☐ No ☒ (If No, go to b.)

List the wastes _____

Are the wastes amenable to the same type of treatment? [55 FR 22666]

Yes ☐ No ☐

Comments _____

- b. Does the generator dilute prohibited wastes to meet treatment standard criteria, or render them non-hazardous? [55 FR 22665-22666]

Yes ☐ No ☒ (If No, go to c.)

Check appropriate category:

- ☐ Dilutes to meet treatment standards
☐ Dilutes to render waste non-hazardous

Do the wastes fall into the following categories? (Check if appropriate.) [40 CFR 268.3(b)]

- ☐ Managed in treatment systems regulated under the Clean Water Act
☐ Non-toxic* characteristic wastes
☐ Treatment standard specified in 40 CFR 268.41 or 268.43

*Non-toxic = D001(except high TOC nonwastewaters), D002, and D003(except cyanides and sulfides). [55 FR 22666]

If the wastes do not fall into the above categories, briefly describe the conditions under which they were diluted.

- c. Based on an assessment of points a. and b., and any other relevant circumstances, does the generator dilute prohibited wastes as a substitute for adequate treatment? [40 CFR 268.3(a)]

Yes ☐ No ☒

Comments _____

5. F039 Multi-source leachate: Has the generator run an initial analysis for all constituents of concern in 40 CFR 268.41 and 268.43? [55 FR 22620] _

Yes ___ No ___ NA /

C. Management

1. On-Site Management

- a. Are restricted wastes treated (other than in a RCRA exempt unit), stored for greater than 90 (small quantity generator* - 180) days, or disposed on site?

Yes ___ No /

(If yes, the TSD Checklist must also be completed.)

* Small quantity generator = generator of greater than or equal to 100 kg/mo. but less than 1,000 kg/mo. hazardous waste, or less than 1 kg/mo. acutely hazardous waste

Comments _____

- b. If the generator treats characteristic wastes in systems regulated under the Clean Water Act, have the following been documented: the determination of restriction, how restricted wastes are managed, and why wastes discharged pursuant to an NPDES permit are not prohibited (if applicable)? [55 FR 22662]

Yes ___ No ___ NA /

- * → c. If the generator treats characteristic wastes in RCRA exempt units to render them non-hazardous, are the wastes managed as restricted until 40 CFR Part 268 treatment standards are met? [40 CFR 268.9(d)]

Yes ___ No ___ NA /

*This applies to both concentration based treatment standards specified in 40 CFR 268.41 and 268.43, and to some 40 CFR 268.42 required methods which result in treatment below the characteristic level. See Appendix D.

2. Off-Site Management: Waste Exceeds Treatment Standards

- a. Does the generator ship any waste that exceeds treatment standards /prohibition levels (not subject to a national capacity variance) to an off-site treatment or storage facility?

Yes / No ___ (If No, go to 3.)

Identify waste code(s) and off-site treatment or storage facilities to which wastes are shipped.

Waste Code	Receiving Facility
K002	Nova Pb, Canada
D007/D008	Michigan Disposal, Michigan
D001/K003/K005 + F001	Rineco Chemical Industries, Arkansas
lab packs	EUSCO, Arkansas
D006/D007/ D008	CWM, Model City, NY

Does the generator provide a notification to the treatment or storage facility?
[40 CFR 268.7(a)(1)]

Yes ☒ No ☐ (If No, go to 3.)

If the generator specifies alternative treatment standards for lab packs, is the certification required in 40 CFR 268.7(a)(7) or (8) included with the notification?

Yes ☐ No ☐ NA ☒

b. Is a notification sent with each waste shipment?

Yes ☒ No ☐

If no, is the waste subject to a tolling agreement pursuant to 262.20(e) (small quantity generator only)?

Yes ☐ No ☐ (If No, go to 3.)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler
_____	_____
_____	_____
_____	_____

Did the small quantity generator provide a notification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes ☐ No ☐

3. Off-Site Management: Waste Meets Treatment Standards

a. Does the generator ship waste that meets treatment standards/prohibition levels to an off-site disposal facility?

Yes ☐ No ☒ (If No, go to 4.)

Identify waste code(s) and off-site disposal facilities:

Waste Code	Receiving Facility
_____	_____
_____	_____
_____	_____

Does the generator provide a notification and a certification to the disposal facility? [40 CFR 268.7(a)(2)(i) and 268.7(a)(2)(ii)]?

Yes ☐ No ☐ (If No, go to d.)

b. Are a notification and a certification sent with each waste shipment?

Yes ___ No ___

If no, is the waste subject to a tolling agreement pursuant to 262.20(e) (small quantity generator only)?

Yes ___ No ___ (If No, go to c.)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

<u>Waste Code</u>	<u>Subsequent Handler</u>
_____	_____
_____	_____
_____	_____

Did the small quantity generator provide a notification and a certification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes ___ No ___

c. Are characteristic wastes which have been rendered non-hazardous (in a RCRA exempt unit) shipped to a Subtitle D facility?

Yes ___ No ___ NA ___ (If No or NA, go to 4.)

Complete the following table:

<u>Waste Code</u>	<u>Receiving Facility</u>
_____	_____
_____	_____
_____	_____

Are a notification and a certification for each shipment sent to the Regional Administrator or authorized State? [40 CFR 268.9(d)(1) and 268.7(b)(5)]?

Yes ___ No ___

4. Off-Site Management: Wastes Subject to Variances, Extensions, or Petitions

a. Does the generator ship wastes to a treatment, storage, or disposal facility which are subject to a national capacity variance (40 CFR Part 268, Subpart C), or case-by-case extension (40 CFR 268.5)?

Yes ___ No / (If No, go to 5.)

Complete the following table:

<u>Waste Code</u>	<u>Receiving Facility</u>
_____	_____
_____	_____
_____	_____

Does the generator provide notification to the off-site receiving facility that the waste is not prohibited from land disposal? [40 CFR 268.7(a)(3)]

Yes ☐ No ☐

b. Is a notification sent with each waste shipment?

Yes ☐ No ☐

If no, is the waste subject to a tolling agreement pursuant to 40 CFR 262.20(e) (small quantity generator only)?

Yes ☐ No ☐ (If No, go to 5.)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Did the small quantity generator provide a notification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes ☐ No ☐

5. Records Retention

Does the generator retain on site copies of all notifications, certifications, and other relevant documents for a period of 5 years? [40 CFR 268.7(a)(6)]

Yes ☒ No ☐

Are copies of relevant tolling agreements, along with the LDR notification and/or certification, kept on site for at least 3 years after expiration or termination of the agreement? [40 CFR 268.9]

Yes ☐ No ☐ NA ☒

Do LDR documents reflect proper management of wastes previously covered under expired national capacity variances, case by case extensions and the soft hammer provision*?

Yes ☐ No ☐ NA ☒

*See Appendix B. Note that the soft hammer provision expired as of 05/08/90. Soft hammer wastes which had treatment standards established in the Third Third rule were granted a minimum 90-day national capacity variance to 08/08/90.

Comments _____

ANNUAL/BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR) or Biennial reports (BER) to the appropriate regulatory agency?

/ — —

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56(a)(5)

Does the BER or AR include the efforts undertaken during the year to reduce the volume of toxicity of the wastes generated?

— / —

Does the BER or AR include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?

— / —

Do these efforts match the information contained in the generator's written or verbally described waste minimization program.

— — /
facility does not have a
written waste-min plan
(see previous page)

Is the BER or AR certification signed by the generator or authorized representatives?

/ — —

Waste Minimization Checklist

GENERATOR CHECKLIST

=====

MANIFEST

GENERAL 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal? If yes, proceed to next question. If no, proceed to 264.75/265.75.

/ — —

262.23

Does the generator sign the manifest certification which states;

/ — —

" If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the enviroment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

— / —

If no, is the generator able to describe his plan orally.

/ — —

COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

Waste sludge is sent off for reclamation, material reclaimed (i.e. head) is returned to facility where it is used as an ingredient.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
HAZARDOUS WASTE INSPECTION REPORT

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Cookson Pigments Inc
FILE NUMBER: (Gormley Harbach)
VHT FACILITY FILE NUMBER: _____
PERMIT #: _____
REGION: M
INSPECTION DATE: 4/22/92
INCIDENT/CASE NUMBER: _____
INSPECTION TYPE: CEI
RESPONSIBLE AGENCY CODE: E
INSPECTOR'S NAME: Bart George
INSPECTOR'S AGENCY: EPA
INSPECTOR'S BUREAU: 2AWM-HWC
EPA ID NUMBER: NJD002190627
ADDRESS: 256 Vanderpool Street.
Newark, New Jersey 07114
LOT: _____ BLOCK: _____
COUNTY: Essex
FACILITY PERSONNEL: Patricia Zollinger
TELEPHONE #: (201) 596-6242
OTHER STATE/EPA PERSONNEL: _____
REPORT PREPARED BY: Bart George
REVIEWED BY: _____
DATE OF REVIEW: 4-22-92

New Jersey Department of Environmental Protection Bureau of Water and Hazardous Waste Enforcement RCRIS NOTIFICATION DATA DISCREPANCY FORM

Information from RCRIS

Facility Name: HEUBACK, INC.
 Facility EPA ID Number: NJD 002190627
 Facility Address: 256 VANDERPOOL ST
 City: NWK St: NJ Zip: 07114
 Mailing Address: Same
 City: _____ St: _____ Zip: _____
 Facility Contact: _____ Phone: _____
 Owner/Operator: _____
 SIC Code(s): _____
 Waste Codes: _____
 Generator Status (LOG/SQG): _____

New Information (make change to "S" record only)

Facility Name: COOKSON PIGMENTS
 Facility EPA ID Number: NJD 002190627
 Facility Address: 256 VANDERPOOL ST
 City: Newark St: NJ Zip: 07114
 Mailing Address: Same as above
 City: _____ St: _____ Zip: _____
 Facility Contact: _____ Phone: _____
 Owner/Operator: _____
 SIC Code(s): _____
 Waste Codes: _____
 Generator Status (LOG/SQG): LQG

In response to this request, please modify RCRIS Handler Notification Data for the following:
General Generator Information: Add/Change Generator Status Codes:

Facility Name
Facility Address
Facility Contact
SIC Code(s)
Other

EPA ID Number
Mailing Address
Phone
Waste Code(s)

C	#
	1
	2
	3
	4
	5

C	#
	6
	7
	8
	9
	1

Contact: _____ Phone: _____
 Effective Date of Change: _____

M. T. [Signature]
 RCRA Supervisor
 Bureau of Water & HW Enforcement
 N.J. DEP

7-1-96
 Date

Gem 1 = 1 R
 7/1/94 RD

Let's protect our earth



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID & HAZARDOUS WASTE ENFORCEMENT
Bureau of Hazardous Waste Enforcement - Metro
2 Babcock Place, West Orange, N.J. 07052
(201) 669-3900

M E T R O F I E L D O F F I C E
T R A N S M I T T A L S H E E T

DATE: 7-1-96

DOCUMENT SENT TO: Noirn Post

DEPARTMENT/DIVISION/BUREAU: HWCB

SENT TO FAX NO.: 212-637-4949

NUMBER OF PAGES INCLUDING TRANSMITTAL SHEET: _____

CONTACT PERSON TO CONFIRM RECEIPT OF DOCUMENT:

NAME: Jeff Stenberg TELEPHONE NO.: _____

REMARKS:

ATI

U.S. EPA
JUL 01 1996

*NO closure
records*

Let's protect our earth



log ENVIRONMENTAL
PROTECTION AGENCY
REGION II

88 AUG 15 AM 11:08

HAZARDOUS WASTE
FACILITIES BRANCH

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

Michele M. Putnam
Deputy Director

Hazardous Waste Operations

John J. Trela, Ph.D., Director
401 East State St.
CN 028

Trenton, N.J. 08625
(609)633-1408

Lance R. Miller
Deputy Director

Responsible Party Remedial Action

AUG 10 1988

Star Ledger
Star Ledger Plaza
Newark, N.J. 07101

(Heuback)

NJDO02190627

C02? C03 C06

Dear Sir/Madam:

Please publish the enclosed **PUBLIC NOTICE** as a legal advertisement one (1) time only in your earliest available issue.

This notice should not be typeset as a display ad, but should be set solid in one column width using type sizes prescribed by statute. Please enter the date of publication on the fourth line of the notice.

We have enclosed a State of New Jersey Invoice form for your billing convenience. Please be sure to:

1. Mail one copy of the published notice (showing the date of publication) to the address shown in the box marked "SHIP TO:" on page 1 of the invoice.
2. Sign and date the "Payee Declaration" on page 2 of the invoice.
3. Attach one copy of the published notice to each of the original and first duplicate pages of the invoice.
4. Mail the completed invoice with attached copies to the address shown in the box marked "BILL TO:" on page 1 of the invoice.

If you have any questions, or require further clarification, please call Michael Gerchman of my staff at (609) 292-9880.

Very truly yours,

Ernest J. Kuhlwein, Jr.

Ernest J. Kuhlwein, Jr., Acting Chief
Bureau of Hazardous Waste Engineering

EP62/lm

Enclosures

cc: **Barry Tornick, USEPA**

PUBLIC NOTICE

In Reference: RCRA Facility ID No. NJD 002 190 627
NJ Project No. CP-88-9

Date: /

Notice is hereby given that:

Heubach Inc.
Heubach Avenue
Newark, New Jersey 07114

has submitted to the New Jersey Department of Environmental Protection (NJDEP) under the provisions of the New Jersey Administrative Code (N.J.A.C.) 7:26-1 et seq., plans for closure of the facility's 27,500 gallon capacity hazardous waste container storage area.

The plans have been submitted in compliance with the standards set forth in subchapter 9 of N.J.A.C. 7:26.

This notice is hereby given to inform the public that the NJDEP is presently considering the plans. Under these plans, the facility has removed all hazardous waste from the storage area, cleaned the surface by mechanical blasting, and applied a layer of plastic coating over the floor. The area is presently used to store manufactured product. No hazardous waste is stored in the area, however hazardous waste is accumulated on-site for less than 90 days at several other locations throughout the facility.

The plans are available for inspection. Anyone wishing to obtain a copy of the plan, or arrange to review Department files, should contact Mr. Anthony Drumblings, Bureau of Hazardous Waste Engineering at (609) 292-9880. Anyone wishing to present formal comments should send them to: Mr. Ernest J. Kuhlwein, Jr., Chief, Bureau of Hazardous Waste Engineering, 401 East State Street, Trenton, New Jersey, 08625 or call (609) 292-9880. All written comments must be submitted no later than 30 days from the date of publication of this notice.

EP62/lm

DOCUMENT: HEUBACH2
FOLDER: LXRMCB

(1) TRANSACTION CODE S/C	(2) BATCH NUMBER	(3) NEW/ MATCH
47 0		

STATE
OF
NEW JERSEY

(4) FISCAL YEAR	(5) ACTION DATE	(6) DOC TYP	(7) DOCUMENT NUMBER	(8) REJECT INDICATOR
8 9 0 7 2 7 8 8	I	220626		

AGENCY PURCHASE ORDER/INVOICE

VENDOR STATUS ☐ BLANK = NO CHANGE
1 = NEW VENDOR
2 = ADDRESS CHANGE
3 = LOCATION CODE
4 = NEW VENDOR AND LOCATION
5 = VENDOR NO. CORRECTION

(9) ACCOUNT NUMBER	(10)	(11)	(12)	(13) TOTAL AMOUNT	(14) AGENCY P.O. NUMBER	(15) OBLIGATION NUMBER
ORGANIZATION	FUND	PROGRAM	OBJECT	COST CENTER	PROJECT ACTIVITY	EXTENDED NO.
4910	100	230000	38	MOB	31A	

VENDOR NAME AND ADDRESS
(17) NAME, STREET, CITY, STATE, ZIP CODE
STAR LEDGER
/ STAR LEDGER PLAZA
NEWARK NJ 07101
ATTN: LEGAL ADS

CONTACT FOR INFORMATION (NAME AND PHONE NO.)
Michael Gerchman (609) 292-9880
IF DIRECT PURCHASE OR SPECIAL PROCUREMENT, INDICATE DATE QUOTATION RECEIVED

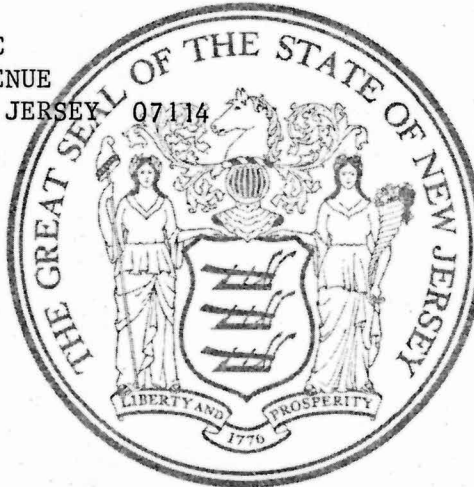
BILL TO: ENTER COMPLETE NAME AND ADDRESS
FOLD MARK NJDEP-DHWM
401 E STATE ST
TRENTON NJ 08625
ATTN: C BUNTING 6TH FL

SHIP TO:
ERNEST J KUHLEWEIN JR CHIEF
NJDEP DHWM 1 BHWE
401 E STATE ST 5TH FL
TRENTON NJ 08625

(18) COMMODITY CODE	VENDOR INVOICE NUMBER	(19) VENDOR IDENTIFICATION NUMBER	CONTRACT NUMBER
79403		V 221157720 1010	

INSTRUCTIONS TO VENDOR: (1) YOU MUST USE THE ATTACHED STATE INVOICE FORM (ORIGINAL AND DUPLICATES) FOR BILLING PURPOSES. (2) IF THIS IS A PARTIAL BILLING, YOU MUST SUBMIT BALANCES ON SEPARATE STATE INVOICE FORMS. (3) ENCLOSE PACKING SLIP WITH SHIPMENTS. (4) SHOW OBLIGATION NUMBER AND ACCOUNT NUMBER ON ALL BILLS OF LADING, INVOICES, AND CORRESPONDENCE. (5) ADDRESS ALL CORRESPONDENCE TO THE STATE AGENCY INDICATED ABOVE.

*CASH DISCOUNT

ITEM NO.	QUANTITY	UNIT	DELIVER THE FOLLOWING ITEMS F.O.B. DESTINATION DESCRIPTION	UNIT PRICE	AMOUNT
1	1	ea.	LEGAL ADVERTISEMENT HEUBACH INC HEUBACH AVENUE NEWARK NEW JERSEY 07114 		

AGENCY APPROVAL: Signature affixed to this purchase order serves as certification: 1) that items purchased under DPA authorization are not currently available under the provisions of a current State contract or from the State distribution center; and 2) that funds required and authorized for this purpose are obligated and available. Unauthorized use subject to prosecution.

Andrew J. ...
(AUTHORIZED SIGNATURE)

MA
(TITLE)

(PRINTED OR TYPED NAME OF AUTHORIZING EMPLOYEE)

8-5-88
(DATE)

TOTAL OBLIGATION AMOUNT

TYPE OF PURCHASE AUTHORIZATION (Check one)

- ☐ ANNUAL CONTRACT AUTHORIZATION
☐ BLANKET ORDER
☐ DIRECT PURCHASE AUTHORIZATION
☐ SPECIAL PROCUREMENT AUTHORIZATION

This transaction is authorized by the Director of Purchase and Property in accordance with the provisions of Chap. 179 P.L. 1931 as amended. The issuing Agency's Approval Officer's signature guarantees all provisions governing the Authorization granted by the Director have been complied with. Type and number of authorization to be indicated in the space provided. Material delivered against this order is NOT subject to Federal Excise Taxes. N.J. Excise Tax Exemption Certificate No. 22-75-0050K Exemption Certificate will be submitted on request. N.J.S.A. 54:32 B-1 et seq. exempts all materials sold N.J. State Agencies from Sales or Use Taxes. Do not include them in your price. The parties to this contract do hereby agree that the provisions of N.J.S.A. 10:2-1 et seq. dealing with discrimination in employment on public contracts, and the Rules and Regulations promulgated pursuant thereto, are hereby made a part of this contract and are binding upon them.

JUL 27 1988

5/10
2:15

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS				F N J D 0 0 2 1 9 0 6 2 7 D	
I. EPA I.D. NUMBER				GENERAL INSTRUCTIONS	
III. FACILITY NAME		HEUBACH INC.		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS		256 Vanderpool Street			
VI. FACILITY LOCATION		Newark, New Jersey 07114			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	HEUBACH INC.
---	------	--------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	D. C. GERO SENIOR SUPERVISOR	201	242 1800

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	256 VANDERPOOL STREET	4	NEWARK,	NJ	07114

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	256 VANDERPOOL STREET	46	ESSEX	6	NEWARK,	NJ	07114	

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2	8	1	6	(specify)	7	2	8
CHROME PIGMENTS PRODUCTION				(specify)	ORGANIC PIGMENTS PRODUCTION		
C. THIRD				D. FOURTH			
(specify)				(specify)			
NA				NA			

III. OPERATOR INFORMATION

A. NAME															B. Is the name listed in item VIII-A also the owner?				
HEUBACH INC.															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)															201 242 1800				
E. STREET OR P.O. BOX																			
256 VANDERPOOL STREET																			
F. CITY OR TOWN										G. STATE		H. ZIP CODE			IX. INDIAN LAND				
NEWARK										NJ		07114			Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
NJ 0028207															NA														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
NA															SEE ATTACHED (specify) STATE AIR PERMITS														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
NJ D002190627															NA (specify)														

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

Manufacture of Inorganic and Organic Pigments.

ENVIRONMENTAL
 AGENCY
 NEW YORK, N.Y. 10007
 FEB 13 2 11 PM '84

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
RAINER HEUBACH, OWNER & PRESIDENT		Original signed by R. Heubach		2/7/84	

COMMENTS FOR OFFICIAL USE ONLY

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FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr, mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE CODE
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NO. (enter from page 1)															
5	4	3	2	1	0	9	0	6	2	7	T/A	C	13	14	15
F	N	J	D	0	0	2	1	9	0	6	2	7			6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	0	4	3	0	0	0				0	7	4	1	0	0	3	0		
65	66	67	68	69	70	71				72	73	74	75	76	77	78	79		

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																			
E																																		
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.					6. ZIP CODE				
F															G																			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RAINER HEUBACH - PRESIDENT	Original signed by R Heubach	2/7/84

X. OPERATOR CERTIFICATION

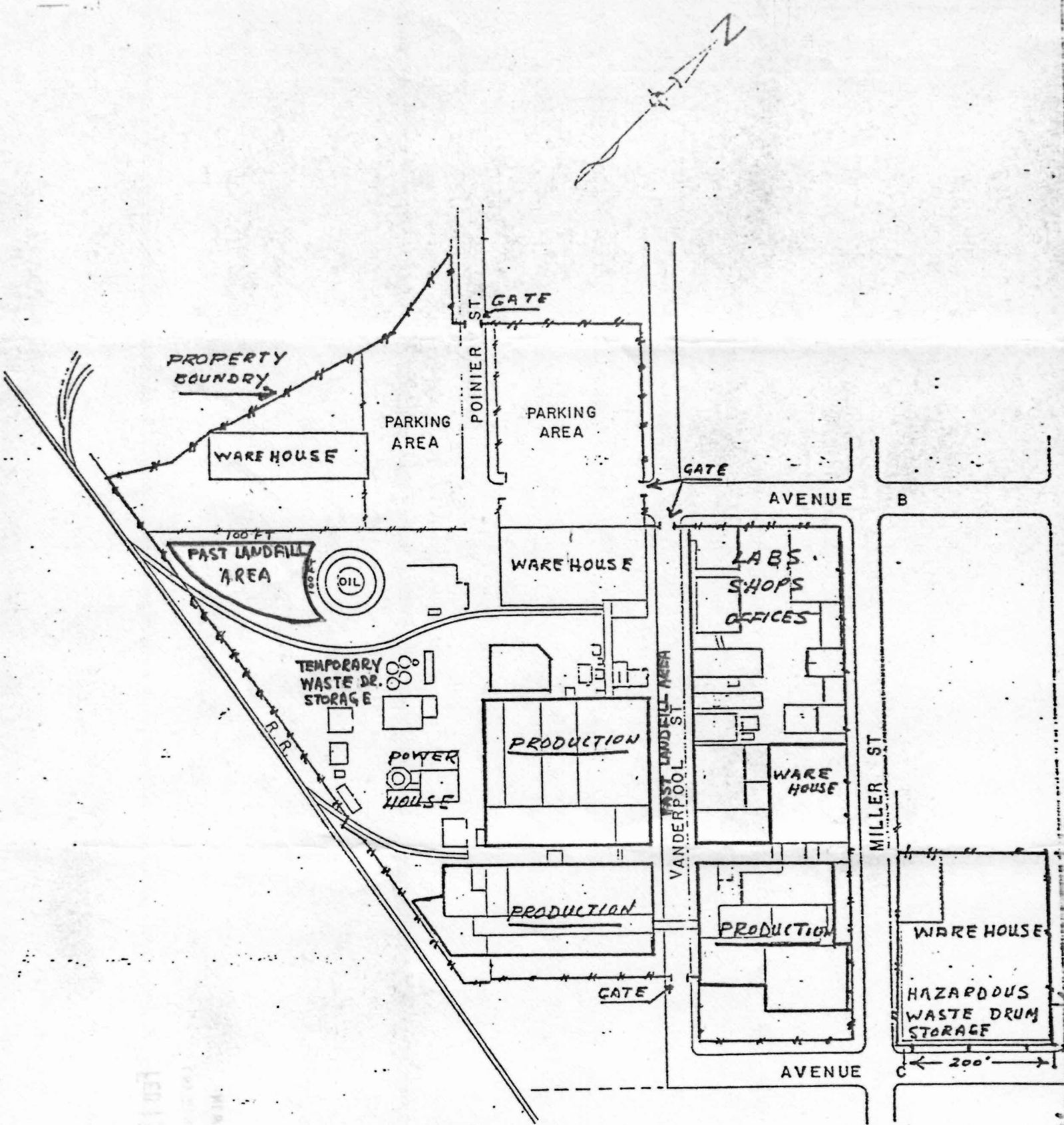
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

[illegible]



LAYOUT MAP
NEWARK WORKS

SCALE 1" = 200' FT

STATE PERMITS

From Bureau Of Air Pollution Control (Plant ID 05003) When Separate Permit To Construct, Install Or Alter And Certificate To Operate Were Required.

<u>TYPE EQUIPMENT</u>	<u>PERMIT NUMBER</u>	<u>APPLICATION DATE</u>	<u>APPROVAL DATE</u>	<u>CERTIFICATE NUMBER</u>	<u>APPLICATION DATE</u>	<u>APPROVAL DATE</u>	<u>ORIGINAL EXPIR. DATE</u>	<u>RENEWAL APPLIC. DATE</u>	<u>CURRENT EXPIR. DATE</u>
Bag Filter	10038	02/23/73	02/27/73	11089	10/01/73	07/01/74	07/01/79	01/12/79	07/01/84
Boilers	14415	03/07/74	03/15/74	13294	03/07/74	06/13/74	06/13/79	01/12/79	06/12/84
Wet Scrubber	Unknown	Unknown	Unknown	12426	Dates Unknown. Equipment replaced under permit 43305.				
Bag Filter	11308	Unknown	Unknown	12520	Unknown	Unknown	Unknown	01/09/78*	07/01/79
							Changed to permit number 37249.		
Bag Filter	Unknown	Unknown	Unknown	17957	Unknown	Unknown	Unknown	02/06/80	02/03/85
					Terminated 08/12/83				
Bag Filter	18103	12/03/74	01/30/75	18103	07/07/75	02/27/76	02/27/81	10/27/80	02/27/86
Bag Filter	18104	12/03/74	01/30/75	18104	07/07/75	02/27/76	02/27/81	10/27/80	02/27/86
Bag Filter	18105	12/03/74	01/30/75	18105	07/07/75	02/27/76	02/27/81	10/27/80	02/27/86
Bag Filter	18106	12/03/74	01/30/75	18106	07/07/75	02/27/76	02/27/81	10/27/80	02/27/86
Bag Filter	18107	12/03/74	01/30/75	18107	07/07/75	04/21/76	04/21/81	01/21/81	04/21/86
Exhaust	18214	12/03/74	02/10/75	18214	07/07/75	02/18/76	02/18/81	10/27/80	02/18/86
Wet Scrubber	30982	Unknown	Unknown	None	Alteration under 37248				
Wet Scrubber	37248	01/16/78	04/03/78	37248	01/16/78	08/07/83	10/13/82*	07/24/83	
					Changed to permit number 63022				
Bag Filter	37249	01/09/78	11/30/78	37249	01/09/78	11/30/78	11/17/83	06/22/83	Pending

*Applications for alterations.

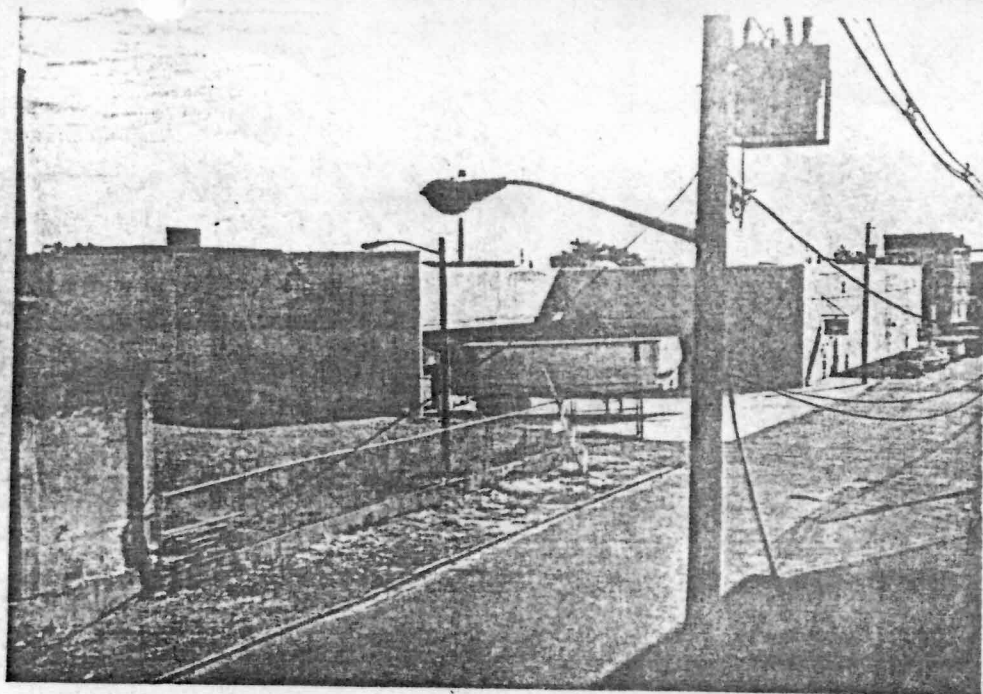
STATE PERMITS

From Bureau Of Air Pollution Control After Permit
And Certificate Applications Were Combined.

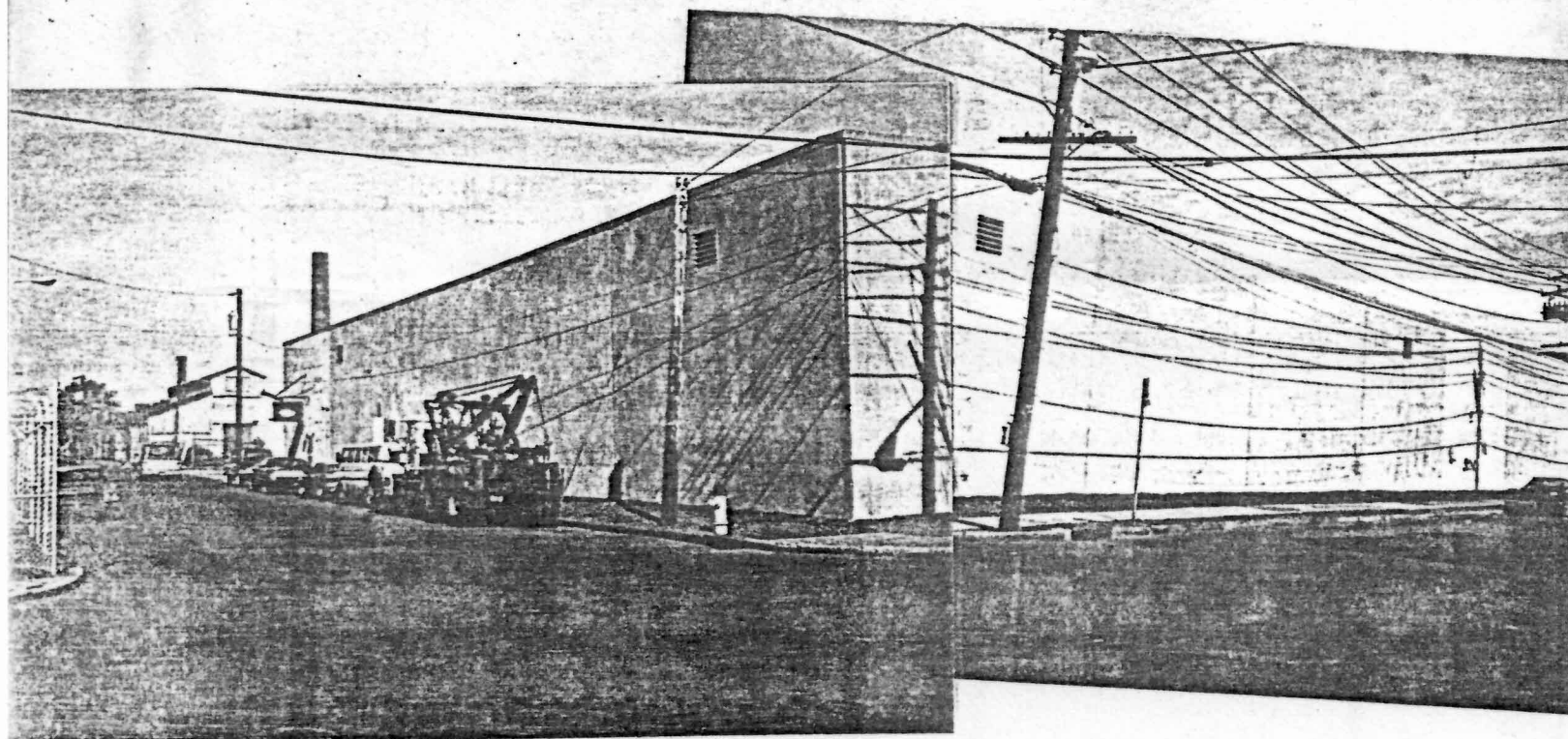
<u>TYPE EQUIPMENT</u>	<u>PERMIT NUMBER</u>	<u>APPLICATION DATE</u>	<u>APPROVAL DATE</u>	<u>EXPIRATION DATE</u>	
Wet Scrubber	43221	04/25/79	06/18/79	03/15/87	
Cartridge Filter	43305	04/27/79	06/18/79	06/18/84	
Tank	46308	04/16/80	08/05/80	10/05/81	Equipment changed so no permit needed.
Cartridge Filter	48635	12/02/80	03/11/81	09/11/86	
Cartridge Filter	49441	03/04/81	04/16/81	04/16/86	
Cartridge Filter	51615	05/12/81	09/21/81	09/21/86	
Bag Filter	51719	05/01/81	09/17/81	03/04/84	
Cartridge Filter	51829	06/10/81	09/21/81	09/21/86	
Cartridge Filter	51830	06/10/81	09/21/81	09/21/86	
Cartridge Filter	51831	06/10/81	09/21/81	09/21/86	
Cartridge Filter	51832	06/10/81	09/21/81	09/21/86	
Cartridge Filter	51833	06/10/81	09/21/81	09/21/86	
Cartridge Filter	51834	06/10/81	09/21/81	09/21/86	
Cartridge Filter	51835	06/10/81	09/21/81	09/21/86	
Cartridge Filter	60278	08/11/81	01/28/81	12/28/86	
Cartridge Filter	60285	12/07/81	03/23/82	03/23/87	
Bag Filter	61511	02/12/82	07/06/82	07/06/87	
Bag Filter	62471	05/07/82	08/19/82	08/19/87	
Bag Filter	61472	05/07/82	08/19/82	08/18/87	
Cartridge Filter	62877	10/13/82	12/27/82	12/27/87	
Wet Scrubber	63022	10/13/82	03/27/83	03/20/84	
Cartridge Filter	63474	11/04/82	02/24/83	02/24/88	
Cartridge Filter	63626	11/04/82	02/24/83	02/24/88	
Cartridge Filter	63806	11/04/82	02/24/83	02/24/88	
Storage Tank	65617	05/31/83	09/15/83	09/15/88	
Cartridge Filter	82-4324	Unknown	04/29/83	Pending	
Wet Scrubber	83-2652	09/19/83	Pending	Pending	

The plant submitted a Significant Industrial User application under NJPDES Regulations. NJDEP decided the application was not necessary so no permit was issued.

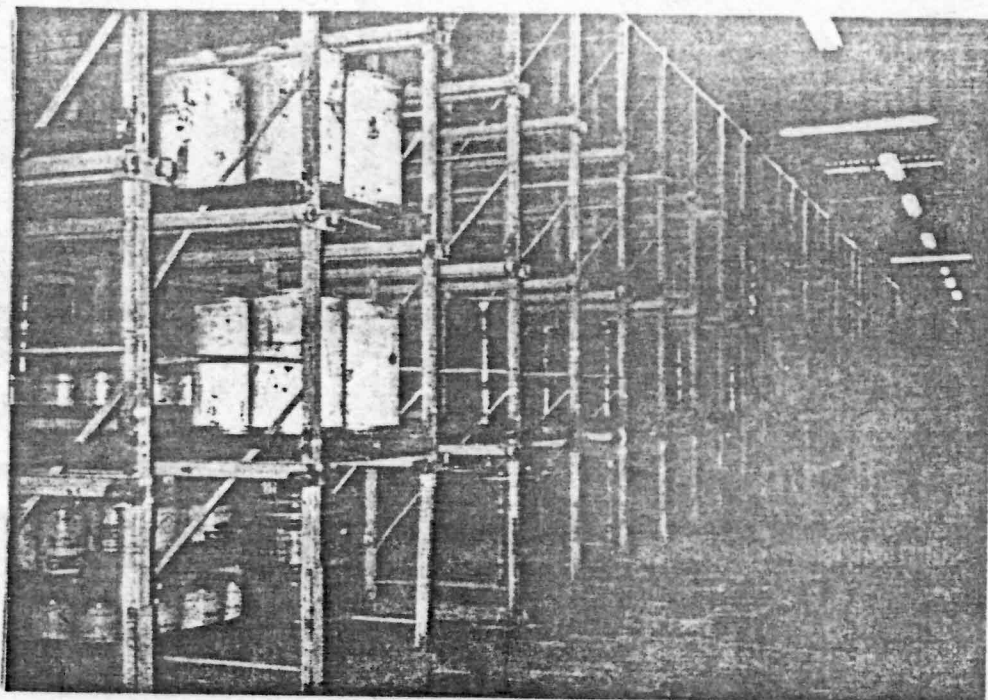
The plant also has environmental permits from Passaic Valley Sewerage Commissioners and the City of Newark.



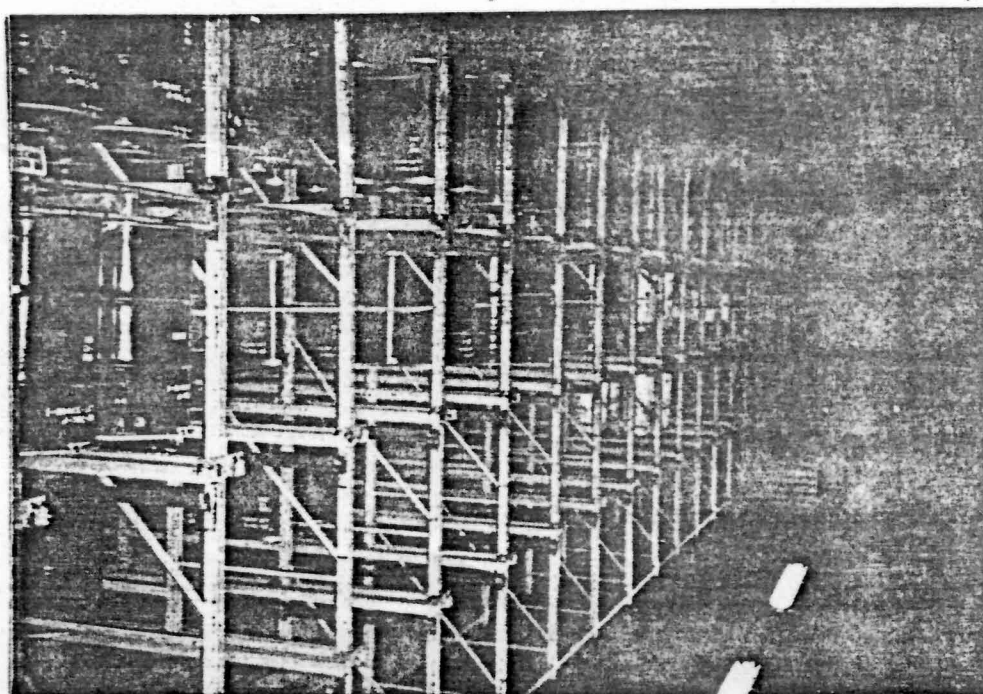
WASTE DRUM STORAGE WAREHOUSE
MILLER STREET - LOOKING EAST



WASTE DRUM STORAGE WAREHOUSE
CORNER OF MILLER STREET AND AVENUE - C
LOOKING WEST



DRUM STORAGE RACKS
EAST END OF WASTE DRUM
STORAGE WAREHOUSE





E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED

WILMINGTON, DELAWARE 19898

FINANCE DEPARTMENT

NJD 002 190 027
(Cookson)

July 27, 1983

Citibank, N.A.
399 Park Avenue
New York, New York 10043

Attention: Ms. Carol Coye
Relationship Officer

Gentlemen:

Please amend your Irrevocable Standby Letter of Credit No. NABG-C61748F in favor of the New Jersey Department of Environmental Protection as follows:

Advise the beneficiary that effective immediately the face amount of the Credit is increased from U.S. \$3,882,000.00 to U.S. \$9,553,000.00 and the "Schedule of Coverage" is amended as follows:

"Schedule of Coverage"

<u>EPA Facility Identification Number</u>	<u>Site Name and Address</u>	<u>Estimated Adjusted Closure Amount</u>	<u>Estimated Adjusted Post-Closure Amount</u>	<u>Site Total</u>
1. NJD 00238 5730	Chambers Works Deepwater, NJ	\$8,759,000	\$256,000	\$9,015,000
2. NJD 00219 0627	Newark Newark, NJ	6,000	-	6,000
3. NJD 00082 0159	Parlin (F&FP) Parlin, NJ	211,000	-	211,000
4. NJD 00002 9231	Parlin (Photo) Parlin, NJ	174,000	-	174,000
5. NJD 00217 3946	Pompton Lakes Pompton Lakes, NJ	147,000	-	147,000
	Totals	<u>\$9,297,000</u>	<u>\$256,000</u>	<u>\$9,553,000</u>

All other terms and conditions of the Credit remain unchanged.

July 27, 1983

This letter authorizes you to charge the account "E. I. du Pont de Nemours & Company" (741-00028978) for payment under the terms of the amended Credit, for three-tenths of one percent (3/10%) per annum as letter of credit fee and for normal related expenses incurred. We understand that there will be no additional charge for the standby interest bearing escrow account provided for in the Credit so long as the Credit is not drawn upon and/or the escrow account is not utilized.

Please send a copy of the amended Credit to the attention of Fletcher A. King, Banking Section, Finance Department, D-9094, and all charge advices to the attention of B. G. Pruitt, Cashier, D-9086.

Very truly yours,
ORIGINAL SIGNED BY

JOHN C. SARGENT
J. C. Sargent
Assistant Treasurer

M.L.P.
Authorized Check Signer

J.E.M.
Authorized Check Signer

FAK:ah

Citibank, N.A.

NORTH AMERICA BANKING GROUP
DIVISION VII
LETTER OF CREDIT OPERATIONS
SORT 5062
NEW YORK, NEW YORK 10043

April 8, 1982

New Jersey State Department
of Environmental Protection
32 East Hanover Street
Trenton, New Jersey 08625

Attention: Mr. Michael F. DeBonis, Acting Chief
Bureau of Hazardous Waste Management
Solid Waste Administration

Gentlemen:

Re: Our Irrevocable Standby Letter of Credit No. NABG-C61748F

By order of our client, E. I. du Pont de Nemours & Company, 1007 Market Street, Wilmington, Delaware 19898, we hereby open our Irrevocable Standby Letter of Credit No. NABG-C61748F, in your favor for an amount not to exceed in the aggregate U.S. \$3,241,000.00 (three million, two hundred forty-one thousand and 00/100 U.S. dollars), effective immediately and expiring at our 399 Park Avenue, New York, New York 10043, office on April 8, 1983, unless as hereinafter provided.

This Letter of Credit is relative to the following "Schedule of Coverage":

"Schedule of Coverage"

<u>EPA Facility Identification Number</u>	<u>Site Name and address</u>	<u>Estimated Adjusted Closure Amount</u>	<u>Estimated Adjusted Post-Closure Amount</u>	<u>Site Total</u>
1. N.J. 00238 5730	Chambers Works Deepwater, NJ	\$2,534,000	\$219,000	\$2,753,000
2. N.J. 00219 0627	Newark Newark, NJ	30,000	-	30,000
3. N.J. 00032 0159	Parlin Parlin, NJ	162,000	-	162,000
4. N.J. 00002 9231	Parlin Parlin, NJ	150,000	-	150,000
5. N.J. 00217 3946	Pompton Lakes Pompton Lakes, NJ	126,000	-	126,000
Totals		\$3,222,000	\$219,000	\$3,241,000

New Jersey State Department
of Environment Protection

-2-

Funds under this letter of Credit are available to you, from time to time, against your sight draft(s) drawn on us, mentioning thereon our Credit No. NABG-C61748F. Each such draft must be accompanied by your signed our written statement certifying that the amount of the accompanying draft is payable pursuant to regulations issued under the authority of the New Jersey Solid Waste Management Act, N.J.S.A. 13:1E-1, et seq. and such other statutes as may be cited providing the Department authority to act in this area.

It is a condition of this Letter of Credit that it is considered by us as automatically extended for periods of one year each from the then relevant expiry date, unless we notify you in writing by registered mail at least ninety (90) days prior to the then relevant expiry date to the effect that we elect not to extend this Letter of Credit for any additional period. Upon your receipt of such notification, you will have up to ninety (90) days to present your one sight draft drawn on us for the then current balance of this Letter of Credit, mentioning thereon our Credit No. NABG-C61748F.

It is a further condition of this Letter of Credit that unless otherwise specified, draft(s) drawn hereunder and in compliance with the terms hereof, will be duly honored by us, and we will deposit the amount drawn promptly into an interest bearing escrow account in the name of E. I. du Pont de Nemours & Company to be disbursed therefrom against your signed written authorization to pay specified amounts to designated third parties.

This Letter of Credit is subject to the Uniform Customs and Practice for Documentary Credits, 1974 Revision, International Chamber of Commerce Publication 290.

Address all communications regarding this Letter of Credit to Citibank, N.A., 399 Park Avenue, New York, New York 10043, attention of Letter of Credit Operation mentioning specifically our Credit No. NABG-C61748F.

Very truly yours,

- ☐ LUMBERMENS MUTUAL CASUALTY COMPANY
☒ AMERICAN MOTORISTS INSURANCE COMPANY
☐ AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY



THIS IS A CLAIMS MADE POLICY — PLEASE READ CAREFULLY

DECLARATIONS

POLLUTION LIABILITY POLICY NUMBER **2YM 579 211A**

1. NAMED INSURED

E. I. DU PONT DE NEMOURS & COMPANY, INC.

ADDRESS

1007 MARKET STREET, WILMINGTON, NEW CASTLE COUNTY, DELAWARE 19898

☐ INDIVIDUAL ☐ PARTNERSHIP ☒ CORPORATION ☐ JOINT VENTURE ☐ OTHER

BUSINESS OF THE NAMED INSURED

2. POLICY PERIOD

FROM: **10-1-82**

TO: **10-1-83**

12:01 AM STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

3. RETROACTIVE DATE:

APRIL 8, 1982

4. ADDRESS AND DESCRIPTION OF INSURED SITE

SEE SCHEDULE ATTACHED - ENDORSEMENT #1

5. EPA IDENTIFICATION NUMBER (if applicable):

6. LIMITS OF LIABILITY: \$ **8,000,000.**

AGGREGATE: \$ **4,000,000.**

EACH POLLUTION INCIDENT

7. DEDUCTIBLE AMOUNT \$

This reduces the limit of liability shown as applicable to "each pollution incident"

8. ADVANCE PREMIUM \$

PREMIUM INCLUDED IN OVERALL DUPONT LIABILITY PROGRAM

The Advance Premium stated above is subject to be computed on the following basis:

Premium Basis	Estimated Exposure	Annual Rate	Estimated Premium
--	--	--	--

COUNTERSIGNED AT

COUNTERSIGNATURE DATE

COUNTERSIGNATURE OF LICENSED RESIDENT AGENT

NEW YORK, N.Y.

12-8-82

[Signature]



Lumbermens Mutual Casualty Company • American Motorists Insurance Company
American Manufacturers Mutual Insurance Company • American Protection Insurance Company

NEW JERSEY

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT

IT IS AGREED THAT:

- 1) THIS ENDORSEMENT CERTIFIES THAT THE POLICY TO WHICH THE ENDORSEMENT IS ATTACHED PROVIDES LIABILITY INSURANCE IN CONNECTION WITH THE INSURED'S OBLIGATION TO DEMONSTRATE FINANCIAL RESPONSIBILITY UNDER N.J.A.C. 7:26 - 9.13 (B) AND (C). THE COVERAGE APPLIES TO SUDDEN AND ACCIDENTAL AND NONSUDDEN AND ACCIDENTAL POLLUTION INCIDENTS AT THE FACILITIES LISTED ON THE ATTACHED SCHEDULE. THE LIMITS OF LIABILITY ARE \$4,000,000. EACH POLLUTION INCIDENT AND \$8,000,000. AGGREGATE, EXCLUSIVE OF LEGAL DEFENSE COSTS.
- 2) THE INSURANCE AFFORDED WITH RESPECT TO SUCH INCIDENTS IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS OF THE POLICY; PROVIDED, HOWEVER, THAT ANY PROVISIONS OF THE POLICY INCONSISTENT WITH SUBSECTIONS (A) THROUGH (E) OF THIS PARAGRAPH 2) ARE HEREBY AMENDED TO CONFORM WITH SUBSECTIONS (A) THROUGH (E):
 - (A) BANKRUPTCY OR INSOLVENCY OF THE INSURED SHALL NOT RELIEVE THE COMPANY OF ITS OBLIGATIONS UNDER THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED.
 - (B) THE COMPANY IS LIABLE FOR THE PAYMENT OF AMOUNTS WITHIN ANY DEDUCTIBLE APPLICABLE TO THE POLICY, WITH A RIGHT OF REIMBURSEMENT BY THE INSURED FOR ANY SUCH PAYMENT MADE BY THE COMPANY.
 - (C) WHENEVER REQUESTED BY THE NEW JERSEY SOLID WASTE ADMINISTRATION THE COMPANY AGREES TO FURNISH TO IT A DUPLICATE ORIGINAL OF THE POLICY AND ALL ENDORSEMENTS.
 - (D) THIS ENDORSEMENT MAY NOT BE CANCELLED WITHOUT CANCELLATION OF THE POLICY TO WHICH IT IS ATTACHED. SUCH CANCELLATION MAY ONLY BE EFFECTED BY THE COMPANY OR THE INSURED GIVING SIXTY (60) DAYS' NOTICE IN WRITING TO THE NEW JERSEY SOLID WASTE ADMINISTRATION, SUCH SIXTY (60) DAYS' NOTICE TO COMMENCE TO RUN FROM THE DATE THE NOTICE IS RECEIVED BY IT.



Lumbermens Mutual Casualty Company • American Motorists Insurance Company
American Manufacturers Mutual Insurance Company • American Protection Insurance Company

(E) NOTWITHSTANDING ANY OTHER PROVISIONS OF THE POLICY, IF THIS ENDORSEMENT OR POLICY IS ON A CLAIMS-MADE BASIS, CANCELLATION MAY NOT BE EFFECTED WITHIN 120 DAYS AFTER ANY FIRE, EXPLOSION, OR UNPLANNED SUDDEN OR NONSUDDEN RELEASE OF HAZARDOUS WASTE OR HAZARDOUS WASTE CONSTITUENTS TO AIR, SOIL, SURFACE WATER, OR GROUND WATER. THE 120 DAYS' PERIOD SHALL COMMENCE TO RUN, WITH RESPECT TO ANY NONSUDDEN RELEASE, WHETHER BY FIRE, EXPLOSION, OR OTHERWISE, WHEN THE RELEASE IS FIRST DISCOVERED BY THE INSURED OR THE COMPANY.

ATTACHED TO AND FORMING PART OF POLICY NO. 2YM 579 211A ISSUED BY AMERICAN MOTORISTS INSURANCE COMPANY, HEREIN CALLED THE COMPANY, OF LONG GROVE, ILLINOIS TO E. I. DUPONT DE NEMOURS AND COMPANY OF WILMINGTON DELAWARE. DATED AT NEW YORK, N. Y. THIS 8TH DAY OF DECEMBER 1982.

COUNTERSIGNED BY: _____
AUTHORIZED COMPANY REPRESENTATIVE

ENDORSEMENT #1
2 OF 2



Lumbermens Mutual Casualty Company • American Motorists Insurance Company
American Manufacturers Mutual Insurance Company • American Protection Insurance Company

ENDORSEMENT #1 (SCHEDULE)

DU PONT FACILITIES SUBJECT TO
N.J.A.C. 7:26 - 9.13 (B) AND/OR (C)

<u>PERMIT ID NO.</u>	<u>SITE NAME</u>	<u>ADDRESS</u>	<u>DEPT. OR SUBSIDIARY</u>
NJD 00238 5730	CHAMBERS WORKS	DEEPWATER, N. J.	C&P
NJD 00219 0627	NEWARK	NEWARK, N. J.	C&P
NJD 00082 0159	PARLIN	PARLIN, N. J.	F&F
NJT 00002 9231	PARLIN	PARLIN, N. J.	PHOTO
NJD 00217 3946	POMPTON LAKES	POMPTON LAKES, N. J.	PETCHEM

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:



IT IS AGREED THAT THE POLICY IS SUBJECT TO THE RATING PLAN PROVISIONS AS DETAILED ON ENDORSEMENT #3 OF THE MASTER GENERAL LIABILITY POLICY NUMBER 2YM 579 201.

☐ LUMBERMENS MUTUAL CASUALTY COMPANY

☒ AMERICAN MOTORISTS INSURANCE COMPANY

☐ AMERICAN MANUFACTURERS MUTUAL INSURANCE COMPANY

☐ FEDERAL KEMPER INSURANCE COMPANY

ISSUED TO

E. I. DU PONT DE NEMOURS & COMPANY, INC.

POLICY EFFECTIVE
MONTH DAY YEAR

10-1-82

PRODUCER'S NUMBER

POLICY NUMBER

ENDORSEMENT

ENDORSEMENT EFFECTIVE DATE
MONTH DAY YEAR

COUNTERSIGNATURE OF AUTHORIZED REPRESENTATIVE



Lumbermens Mutual Casualty Company • American Motorists Insurance Company
American Manufacturers Mutual Insurance Company • American Protection Insurance Company

HAZARDOUS WASTE FACILITY LIABILITY ENDORSEMENT

IT IS AGREED THAT:

- 1) THIS ENDORSEMENT CERTIFIES THAT THE POLICY TO WHICH THE ENDORSEMENT IS ATTACHED PROVIDES POLLUTION LIABILITY INSURANCE COVERING BODILY INJURY AND PROPERTY DAMAGE IN CONNECTION WITH THE INSURED'S OBLIGATION TO DEMONSTRATE FINANCIAL RESPONSIBILITY UNDER 40 CFR 264.147 OR 265.147. THE COVERAGE APPLIES AT:

<u>LOCATION NAME</u>	<u>ADDRESS</u>	<u>EPA I.D. #</u>
REMINGTON ARMS CO.	LONOKE, ARKANSAS 72086	AR0047335922
REMINGTON ARMS CO.	1010 HOEFLER AVENUE ILION, NEW YORK 13357	N-YD002240638

FOR SUDDEN ACCIDENTAL OCCURRENCES.
THE LIMITS OF LIABILITY ARE: \$1,000,000. EACH OCCURRENCE,
\$2,000,000. AGGREGATE, EXCLUSIVE OF LEGAL DEFENSE COSTS.

- 2) THE INSURANCE AFFORDED WITH RESPECT TO SUCH OCCURRENCES IS SUBJECT TO ALL OF THE TERMS AND CONDITIONS OF THE POLICY; PROVIDED, HOWEVER, THAT ANY PROVISIONS OF THE POLICY INCONSISTENT WITH SUBSECTIONS (A) THROUGH (E) OF THIS PARAGRAPH 2 ARE HEREBY AMENDED TO CONFORM WITH SUBSECTIONS (A) THROUGH (E):
- (A) BANKRUPTCY OF INSOLVENCY OF THE INSURED SHALL NOT RELIEVE THE INSURER OF ITS OBLIGATIONS UNDER THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED.
- (B) THE INSURER IS LIABLE FOR THE PAYMENT OF AMOUNTS WITHIN ANY DEDUCTIBLE APPLICABLE TO THE POLICY, WITH A RIGHT OF REIMBURSEMENT BY THE INSURED FOR ANY SUCH PAYMENT MADE BY THE INSURER. THIS PROVISION DOES NOT APPLY WITH RESPECT TO THAT AMOUNT OF ANY DEDUCTIBLE FOR WHICH COVERAGE IS DEMONSTRATED AS SPECIFIED IN 40 CFR 264.147 (F) OR 265.147 (F).



Lumbermens Mutual Casualty Company • American Motorists Insurance Company
American Manufacturers Mutual Insurance Company • American Protection Insurance Company

- (C) WHENEVER REQUESTED BY A REGIONAL ADMINISTRATOR OF THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) OR BY THE DIRECTOR OF THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY, THE INSURER AGREES TO FURNISH TO THE REGIONAL ADMINISTRATOR OR THE DIRECTOR OF THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY A SIGNED DUPLICATE ORIGINAL OF THE POLICY AND ALL ENDORSEMENTS.
- (D) CANCELLATION OF THE ENDORSEMENT, WHETHER BY THE INSURER OR THE INSURED, WILL BE EFFECTIVE ONLY UPON WRITTEN NOTICE AND ONLY AFTER THE EXPIRATION OF SIXTY (60) DAYS AFTER A COPY OF SUCH WRITTEN NOTICE IS RECEIVED BY THE REGIONAL ADMINISTRATORS OF THE EPA REGIONS IN WHICH THE FACILITIES ARE LOCATED AND WITH RESPECT TO THE ARKANSAS LOCATION, THE DIRECTOR OF THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY.
- (E) ANY OTHER TERMINATION OF THIS ENDORSEMENT WILL BE EFFECTIVE ONLY UPON WRITTEN NOTICE AND ONLY AFTER THE EXPIRATION OF THIRTY (30) DAYS AFTER A COPY OF SUCH WRITTEN NOTICE IS RECEIVED BY THE REGIONAL ADMINISTRATORS OF THE EPA REGIONS IN WHICH THE FACILITIES ARE LOCATED AND WITH RESPECT TO THE ARKANSAS LOCATION, THE DIRECTOR OF THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY.

ATTACHED TO AND FORMING PART OF POLICY NO. 2YM 579-2.11A ISSUED BY AMERICAN MOTORISTS INSURANCE COMPANY, HEREIN CALLED THE INSURER, OF LONG GROVE, ILLINOIS TO E. I. DU PONT DE NEMOURS AND COMPANY OF WILMINGTON, DELAWARE THIS 15TH DAY OF JULY, 1982. THE EFFECTIVE DATE OF SAID POLICY IS THE 8TH DAY OF DECEMBER, 1982.

COUNTERSIGNED BY:

J. J. Toney

AUTHORIZED COMPANY
REPRESENTATIVE

ENDORSEMENT #3 ...
2 OF 2

AUG 24 1983

Review of Financial Responsibility Documents Submitted by
E.I. DuPont de Nemours and Company

Helen S. Beggun
Chief, Grants Administration Branch

Ernest A. Regna
Chief, Solid Waste Branch

We have reviewed the financial responsibility documents submitted for the following facilities, which are owned and operated by the E.I. DuPont de Nemours & Company:

<u>EPA ID Number</u>	<u>Facility/Location</u>	<u>Closure Cost</u>	<u>Post-Closure Cost</u>
NJD002385730	Chambers Works, Deepwater, N.J.	\$8,759,000	\$256,000
NJD002190627	Newark Newark, N.J.	6,000	
NJD000820159	Parlin (F&FP) Parlin, N.J.	211,000	
NJD000029231	Parlin Photo Parlin, N.J.	174,000	
NJD002173946	Pompton Lakes, Pompton, N.J.		

An irrevocable Letter of Credit has been submitted to assure the closure costs of the above-referenced facilities. However, the Letter of Credit does not comply with the requirements for this financial assurance mechanism as specified in 40 CFR 265.143(d). The wording of the Letter of Credit is not consistent with 40 CFR 264.151(d).

A standby trust fund naming the commissioner of the NJDEP or the Regional Administrator of EPA as trustee has not been established. Rather, provision has been made to deposit funds drawn against the LOC into an escrow account in the name of the E.I. DuPont Company, which is not acceptable.

A Hazardous Waste Facility Liability Endorsement has been submitted. It indicates liability coverage of \$4,000,000 each incident with an annual aggregate of \$8,000,000 which applies to sudden and accidental occurrences and non-sudden and accidental incidents. While this coverage provides for limits of coverage as specified by 40 CFR 265.147(a) and (b), the wording of the endorsement is not consistent with 40 CFR 264.151(i).

GRA:LMELTZER:mmk:08/23/83

GRA

GRA

Recommendations:

E.I. DuPont de Nemours and Company should submit within 30 days:

1. A letter or Credit to assure closure costs with wording identical to that delineated in 40 CFR 264.151(d)
2. A standby trust fund which fulfills the requirements of 40 CFR 265.143(a) and which is worded as specified in 40 CFR 264.151(a) (1) and (2) .
3. A Hazardous Waste Facility Liability Endorsement with wording identical to that specified in 40 CFR 264.151(i) .

DRM
1
GENERAL

EPA

GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S	F	N	J	D	0	0	2	1	9	0	6	2	7	3	D
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

E. I. DU PONT DE NEMOURS & COMPANY
256 VANDERPOOL STREET
NEWARK, NJ 07114

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP **E. I. DU PONT DE NEMOURS & COMPANY.**

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
2	W	H	I	3	R	O	B
4	E	R	T	5	F	.	A
6	.	A	R	7	E	A	E
8	E	N	G	9	E	E	R
10				11			
12				13			
14				15			
16				17			
18				19			
20				21			
22				23			
24				25			
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34				35			
36				37			
38				39			
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48				49			
50				51			
52				53			
54				55			
56				57			
58				59			
60				61			

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN				C. STATE				D. ZIP CODE			
3	2	5	6	5	N	E	W								
6	.	A	R	7	E	.									
8	.	S	T	9											
10				11											
12				13											
14				15											
16				17											
18				19											
20				21											
22				23											
24				25											
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36				37											
38				39											
40				41											
42				43											
44				45											
46				47											
48				49											
50				51											
52				53											
54				55											
56				57											
58				59											
60				61											

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME				C. CITY OR TOWN				D. STATE				E. ZIP CODE				F. COUNTY CODE (if known)			
5	2	5	6	5	N	E	W																
8	.	A	R	7	E	.																	
10	.	S	T	9																			
12				11																			
14				13																			
16				15																			
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54				53																			
56				55																			
58				57																			
60				59																			
61				60																			

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify) 7 2 8 1 6 CHROME PIGMENTS PRODUCTION										(specify) 7 2 8 6 5 ORGANIC PIGMENTS PRODUCTION									
C. THIRD										D. FOURTH									
(specify) 7 N A										(specify) 7 N A									

VIII. OPERATOR INFORMATION

A. NAME																																																												B. Is the name listed in Item VIII-A also the owner?									
E. I. DU PONT DE NEMOURS & COMPANY																																																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																								D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										C A 3 0 2 7 7 4 1 8 2 5																																							
E. STREET OR P.O. BOX																																																																					
1 0 0 7 MARKET STREET																																																																					
F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
W I L M I N G T O N																																								D. E.										1 9 8 9 8										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N N. J. 0 0 2 8 2 0 7															9 P N. A														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U N. A.															9 CT-18103 (specify) STATE AIR PERMITS														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															9 CT-18104 (specify) NJDEP AIR														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF INORGANIC AND ORGANICS PIGMENTS

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
ROBERT J. BLAIR, VICE PRESIDENT CHEMICALS & PIGMENTS																																								Robert J. Blair																				11/5/80																			

COMMENTS FOR OFFICIAL USE ONLY

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

8 9 10 11 12 13 14 15
F N J 0 0 2 1 9 0 6 2 7 3 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 - 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
73 74	75 76	77 78
8	7 1	0 9 0 1

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73 74	75 76	77 78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	UNIT OF MEASURE	CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600	G	5	NA		
X-2	T 0 3	20	E	6			
1	S 0 1	27,500 000	G	7			
2		NA		8			
3				9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

NA

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W N J D 0 0 2 1 9 0 6 2 7 3 1															W DUP 3 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)															D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
				27	28	29	27	28	29	27	28	29	27	28	29									
001	D 0 0 2	27500 000	P	S	0	1																		
002	D 0 0 7															INCLUDED WITH ABOVE								
003	D 0 0 8															" " "								
004	D 0 0 1															" " "								
5																								
6																								
7																								
8																								
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26																								

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

NA

$$F6: \frac{A}{55} \quad F6: \frac{A}{56}$$

EPA I.D. NO. (enter from page 1)

F	N	J	D	0	0	2	1	9	0	6	2	7	T/A	C
														6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 43 00 0

LONGITUDE (degrees, minutes, & seconds)

074 10 30 0

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ROBERT J. BLAIR, VICE PRESIDENT
CHEMICALS & PIGMENTS

B. SIGNATURE

Robert J. Blair

C. DATE SIGNED

11/5/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

ITEM X, EXISTING ENVIRONMENTAL PERMITS

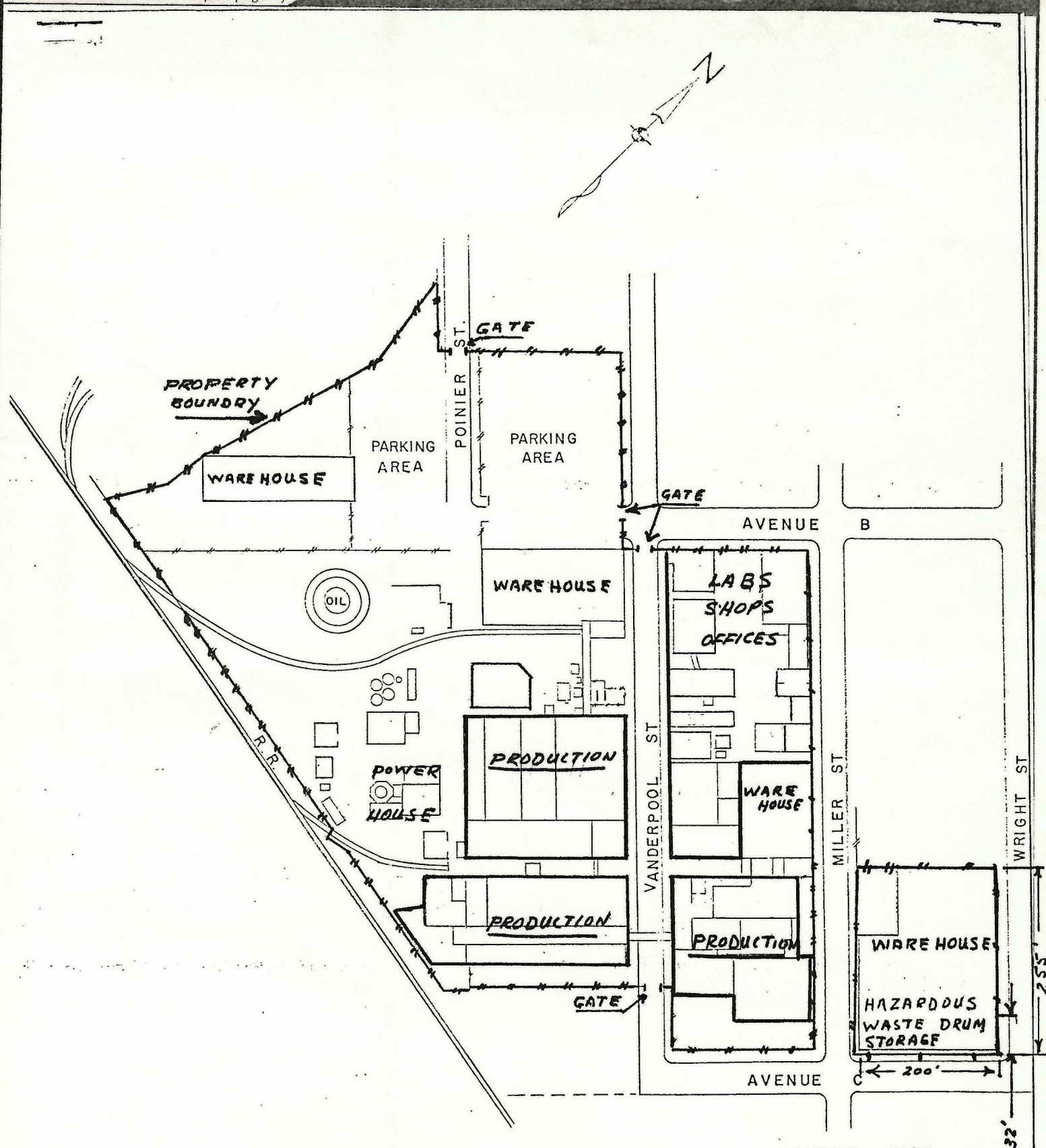
E. OTHER

NEW JERSEY STATE AIR PERMITS NOW IN FORCE:

CT - 18103
18104
18105
18106
18107
18214
043221
46308
17957
43305
13294
11089
37249
37248

NTD002190627

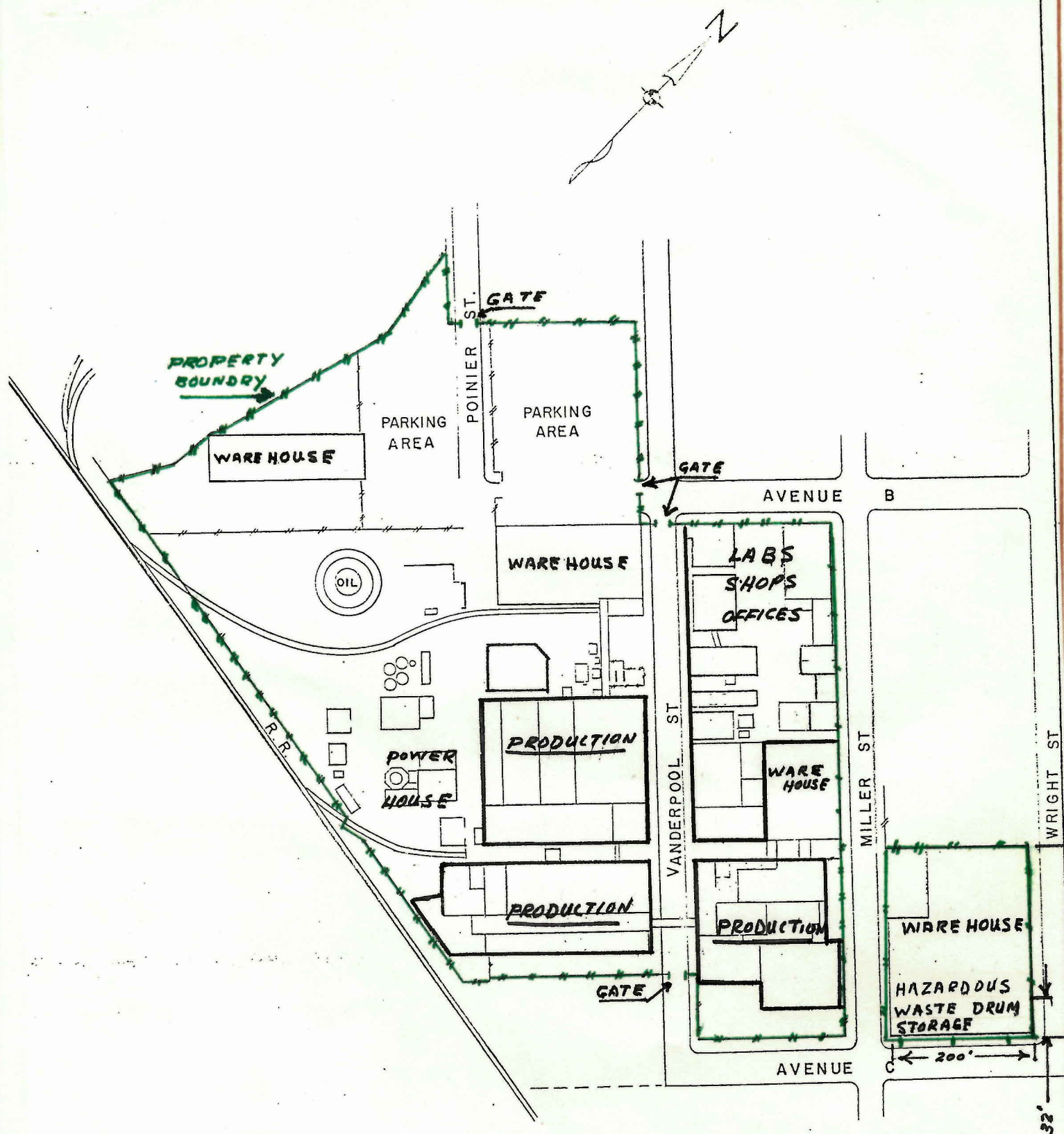
V. FACILITY DRAWING (see page 4)



LAYOUT MAP
NEWARK WORKS

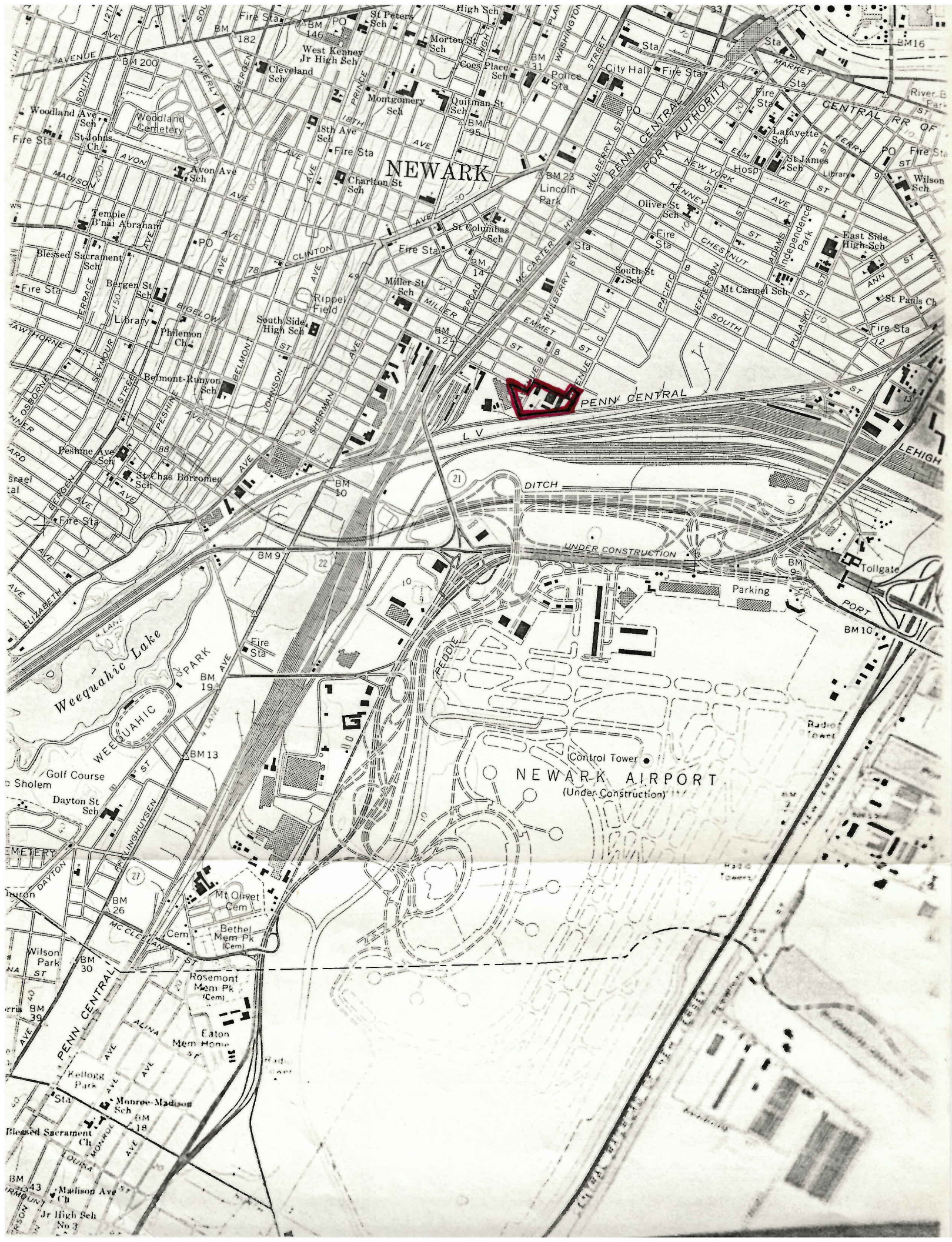
SCALE 1" = 200 FT

V. FACILITY DRAWING (see page 4)



LAYOUT MAP
NEWARK WORKS

SCALE 1" = 200 FT





WASTE DRUM STORAGE WAREHOUSE
MILLER STREET - LOOKING EAST



WASTE DRUM STORAGE WAREHOUSE
CORNER MILLER STREET & AVENUE C
LOOKING WEST



DRUM STORAGE RACKS
EAST END OF WASTE DRUM STORAGE WAREHOUSE

